The girth control pill

Tepanil® Ten-tab

(continuous release form)

(diethylpropion hydrochloride)

works on the appetite not on the 'nerves'

When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug; in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause *CNS effects* such as insomnia, nervousness, dizziness, anxiety, and jitteriness. In contrast, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. *Sympathomimetic cardiovascular effects* reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. *Allergic phenomena* reported include such conditions as rash, urticaria, ecchymosis, and erythema. *Gastrointestinal effects* such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in midevening to overcome night hunger. Use in children under 12 years of age is not recommended.

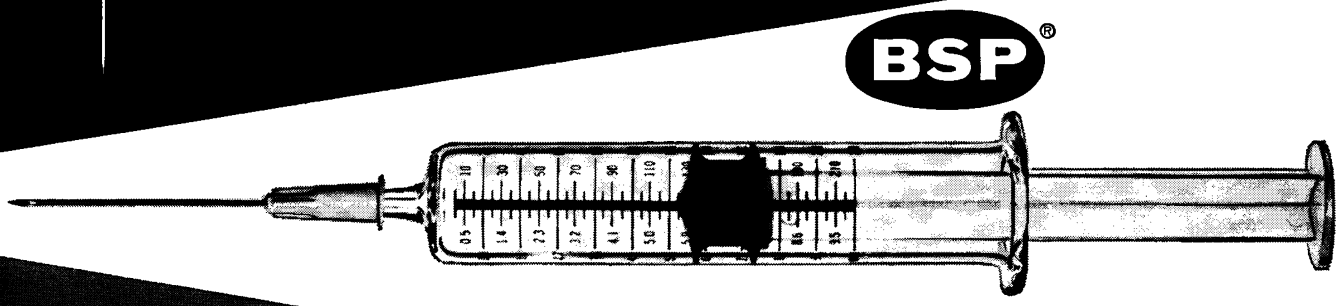
T-0058 A 1/70 / U.S. PATENT NO. 3,001,910

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

BSP® DISPOSABLE UNIT

HW&D BRAND OF SODIUM SULFOBROMOPHTHALEIN INJECTION, USP

(50 mg. per ml.)



BROMSULPHALEIN® IN A STERILE, DISPOSABLE, ECONOMICAL UNIT

The Bromsulphalein test is a convenient, sensitive, reliable test of liver function.

The precalibrated syringe contained in the BSP Disposable Unit makes weight calculations unnecessary, providing proper dosage regardless of patient-weight. Each unit contains complete directions for use, precautions and contraindications.

The all-inclusive BSP Disposable Unit provides economic unit dispensing.

Complete literature available on request.

HYNSON, WESTCOTT & DUNNING, INC.

Baltimore, Maryland 21201

(BSP04)

Benylin®
EXPECTORANT

Each fluidounce contains: 80 mg. Benadryl® (diphenhydramine hydrochloride), Parke-Davis; 12 grains ammonium chloride; 5 grains sodium citrate; 2 grains chloroform; 1/10 grain menthol; and 5% alcohol.

An antitussive and expectorant for control of coughs due to colds or of allergic origin, BENYLIN EXPECTORANT *is the leading cough preparation of its kind.* BENYLIN EXPECTORANT *tends to inhibit cough reflex ...soothes irritated throat membranes. And its not-too-sweet, pleasant raspberry flavor makes* BENYLIN EXPECTORANT *easy to take.*

PRECAUTIONS: *Persons who have become drowsy on this or other antihistamine-containing drugs, or whose tolerance is not known, should not drive vehicles or engage in other activities requiring keen response while using this preparation. Hypnotics, sedatives, or tranquilizers if used with* BENYLIN EXPECTORANT *should be prescribed with caution because of possible additive effect. Diphenhydramine has an atropine-like action which should be considered when prescribing* BENYLIN EXPECTORANT.

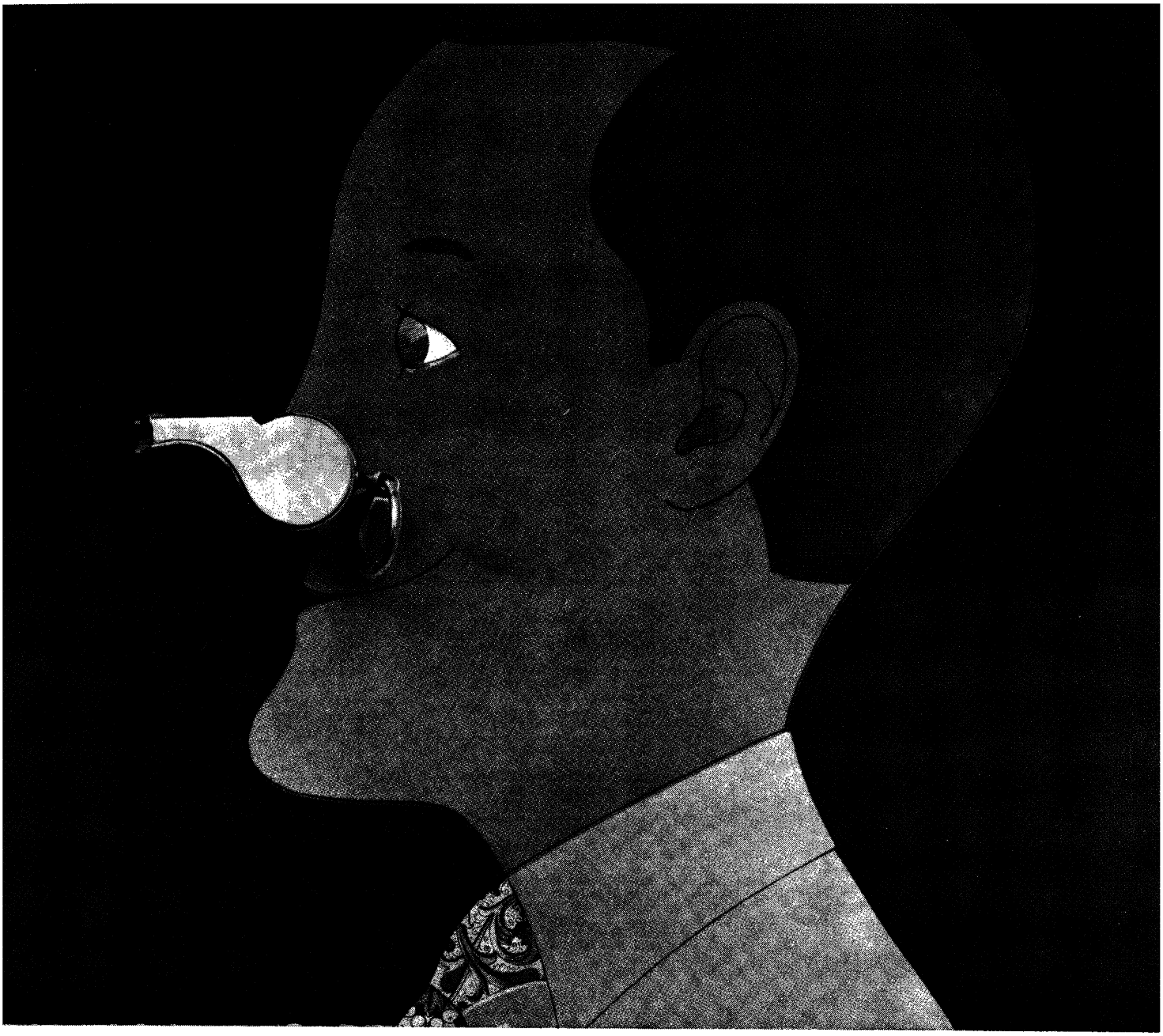
ADVERSE REACTIONS: *Side reactions may affect the nervous, gastrointestinal, and cardiovascular systems. Drowsiness, dizziness, dryness of the mouth, nausea, nervousness, palpitation, and blurring of vision have been reported. Allergic reactions may occur.*

PACKAGING: *Bottles of 4 oz., 16 oz., and 1 gal.*

Parke, Davis & Company, Detroit, Michigan 48232

PARKE-DAVIS

50660



Nose clear as a whistle

(THANKS TO DIMETAPP®)

Dimetapp Extentabs® does an outstanding job of helping to clear up the stuffiness, drip and congestion of colds and upper respiratory allergies and infections. Each Extentab keeps working up to 12 hours. And for most patients drowsiness or overstimulation is unlikely. Try Dimetapp. It clearly works.

UP TO 12 HOURS CLEAR BREATHING ON ONE TABLET

Dimetapp Extentabs®

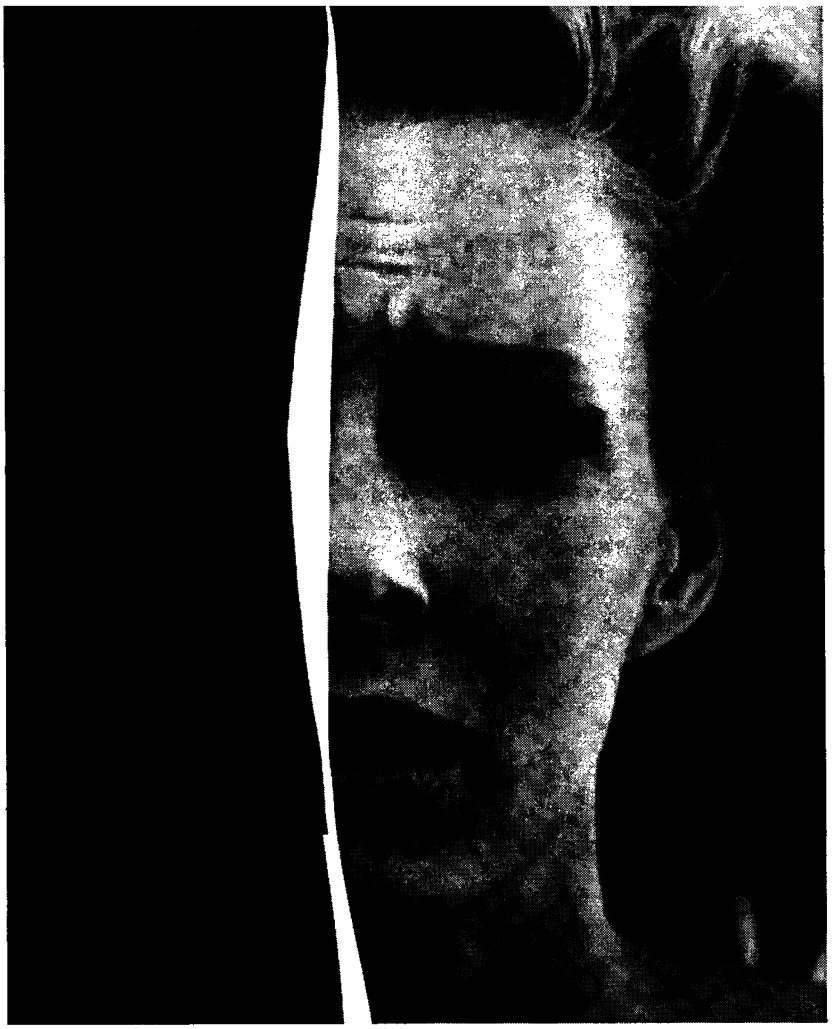
Dimetane® (brompheniramine maleate), 12 mg.; phenylephrine HCl, 15 mg.; phenylpropanolamine HCl, 15 mg.

FOR UPPER RESPIRATORY ALLERGIES AND INFECTIONS

Indications: Dimetapp is indicated for symptomatic relief of the allergic manifestations of respiratory illnesses, such as the common cold and bronchial asthma, seasonal allergies, sinusitis, rhinitis, conjunctivitis, and otitis.
Contraindications: Hypersensitivity to antihistamines. Not recommended for use during pregnancy.
Precautions: Until patient's response has been determined, he should be cautioned against engaging in operations requiring alertness. Administer with care to patients with cardiac or peripheral vascular diseases or hypertension.
Side Effects: Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia, have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.
Dosage: 1 Extentab morning and evening.
Supplied: Bottles of 100 and 500.

A.H. ROBINS COMPANY
RICHMOND, VA. 23220

A·H·ROBINS



symptoms of mixed anxiety-depression are rarely clear-cut... but they are often a clear indication for

Mellaril®
(thioridazine)
25 mg. t.i.d.

effective in mixed anxiety-depression and in moderate to severe anxiety

Before prescribing or administering, see Sandoz literature for full product information, including adverse reactions reported with phenothiazines. The following is a brief precautionary statement.

Contraindications: Severe central nervous system depression, comatose states from any cause, hypertensive or hypotensive heart disease of extreme degree.

Warnings: Administer cautiously to patients who have previously exhibited a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to phenothiazines. Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides. During pregnancy, administer only when necessary.

Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures. In epileptic patients, anticonvulsant medication should also be maintained. Pigmentary retinopathy may be avoided by remaining within the recommended limits of dosage. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving). Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension. Daily doses in excess of 300 mg. should be used only in severe neuropsychiatric conditions.

Adverse Reactions: *Central Nervous System*—Drowsiness, especially with large doses, early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; nocturnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. *Autonomic Nervous System*—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. *Endocrine System*—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. *Skin*—Dermatitis and skin eruptions of the urticarial type, photosensitivity. *Cardiovascular System*—Changes in the terminal portion of the electrocardiogram have been observed in some patients receiving the phenothiazine tranquilizers, including Mellaril (thioridazine). While there is no evidence at present that these changes are in any way precursors of any significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients previously showing electrocardiographic changes. The use of periodic electrocardiograms has been proposed but would appear to be of questionable value as a predictive device. *Other*—A single case described as parotid swelling.

SANDOZ PHARMACEUTICALS, HANOVER, N.J. SANDOZ 69-384

Doctor, after all we've been through together...

abscess
acne
amebiasis
anthrax
bacillary dysentery
bartonellosis
bronchitis
bronchopulmonary infection
brucellosis
chancroid
diphtheria
endocarditis
genitourinary infections
gonorrhea
granuloma inguinale
listeriosis
lymphogranuloma
mixed bacterial infection
osteomyelitis
otitis
pertussis
pharyngitis
pneumonia
psittacosis
pyelonephritis
Rocky Mountain spotted fever
scarlet fever
septicemias
sinusitis
soft tissue infection
tonsillitis
tularemia
typhus fever
urethritis

...don't you think it's time we were on a first-name basis?

call me "Achro·V"

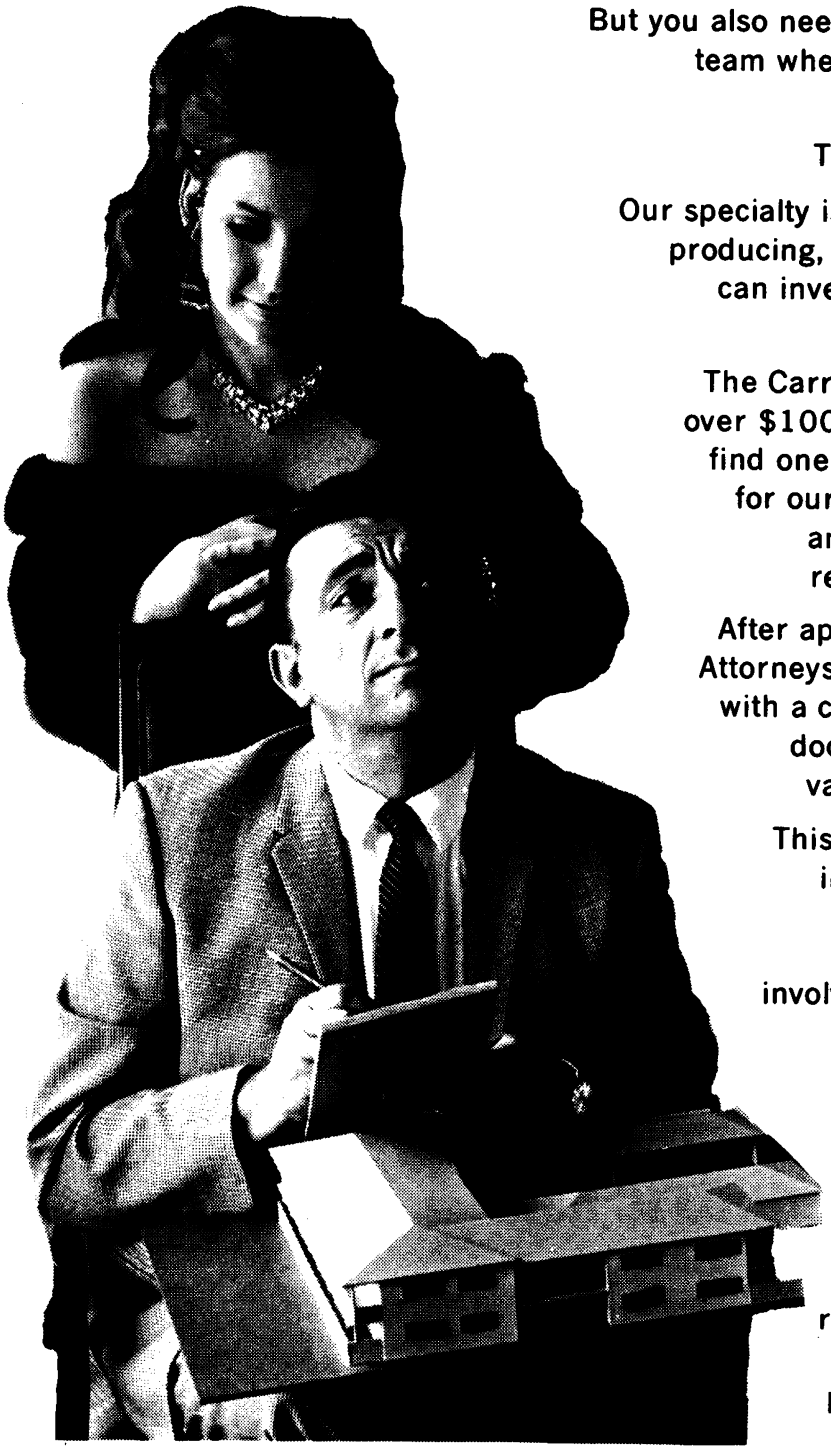
Every pharmacist knows ACHRO® V stands for ACHROMYCIN® V

Contraindications: Hypersensitivity to tetracycline.
Warning: In renal impairment, since liver toxicity is possible, lower doses are indicated; during prolonged therapy consider serum level determinations. Photodynamic reaction to sunlight may occur in hypersensitive persons. Photosensitive individuals should avoid exposure; discontinue treatment if skin discomfort occurs.
Precautions: Nonsusceptible organisms may overgrow; treat superinfection appropriately. Tetracycline may form a stable calcium complex in bone-forming tissue and may cause dental staining during tooth development (last half of pregnancy, neonatal period, infancy, early childhood).
Adverse Reactions: *Gastrointestinal*—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. *Skin*—maculopapular and erythematous rashes; exfoliative dermatitis; photosensitivity; onycholysis, nail discoloration. *Kidney*—dose-related rise in BUN. *Hypersensitivity reactions*—urticaria, angioneurotic edema, anaphylaxis. *Intracranial*—bulging fontanels in young infants. *Teeth*—yellow-brown staining; enamel hypoplasia. *Blood*—anemia, thrombocytopenic purpura, neutropenia, eosinophilia. *Liver*—cholestasis at high dosage. Upon adverse reaction, stop medication and treat appropriately.

Achromycin® V Tetracycline

LEDERLE LABORATORIES • A Division of American Cyanamid Company, Pearl River, New York 10965 484-9

Sometimes your wife can be helpful!



But you also need a professional on your team when it comes to real estate investing.

That's where we come in.

Our specialty is real estate . . . income producing, tax shelter, growth. You can invest as an individual or in a limited partnership.

The Carriage Companies analyze over $100 million in properties to find one "just right" investment for our clients. Then we spend an average of two months researching the property.

After approval by our CPAs and Attorneys, we present our clients with a comprehensive brochure documenting the economic validity of the investment.

This process simplifies your investment decisions. As an added attraction, all our investments are involvement-free . . . leaving you more time for the finer things in life, like your wife.

If you like average returns of 15% to 20% and yields exceeding 30%, you really should know more about our investment programs. May we send you our brochure?

The Carriage Companies

555 Peralta Boulevard
Fremont, CA 94536
(415) 792-3221

1801 Avenue of the Stars, Suite 807
Los Angeles, CA 90067
(213) 553-1822

If they remember "then"... they may need Mediatric® now.

Their world has made history—and they're afraid they may have too. They are the "getting old" patients who may not be quite sick, nor yet quite well. They probably complain of too easy fatigue, of vague aches and pains often without any evidence of organic disease. You know it's an inexorable part of aging—and only an improvement in symptoms can be expected. MEDIATRIC is designed to help...

The need for metabolic support...
MEDIATRIC provides the gonadal steroids [PREMARIN® (conjugated estrogens-equine), orally active, natural estrogens, and methyltestosterone] for physiologic and metabolic benefits.

The need for mood elevation...
MEDIATRIC *provides methamphetamine* to impart a gentle emotional uplift and combat apathy.

The need for nutritional support...
MEDIATRIC provides specially selected nutritional supplements to help meet the dietary requirements of the elderly individual.

The need for dosage convenience...
Only a single Tablet or Capsule (or 3 teaspoonfuls of Liquid) daily to minimize skipped doses.

	Each MEDIATRIC® Tablet or Capsule contains:	Each 15 cc. (3 teaspoonfuls) of MEDIATRIC® Liquid† contains:
Conjugated estrogens-equine (PREMARIN®)	0.25 mg.	0.25 mg.
Methyltestosterone	2.5 mg.	2.5 mg.
Methamphetamine HCl	1.0 mg.	1.0 mg.
Cyanocobalamin	2.5 mcg.	1.5 mcg.
Thiamine HCl	—	5.0 mg.
Thiamine mononitrate	10.0 mg.	—
Riboflavin	5.0 mg.	—
Niacinamide	50.0 mg.	—
Pyridoxine HCl	3.0 mg.	—
Calcium pantothenate	20.0 mg.	—
Ferrous sulfate exsic.	30.0 mg.	—
Ascorbic acid	100.0 mg.	—

†Contains 15% alcohol—some loss unavoidable.

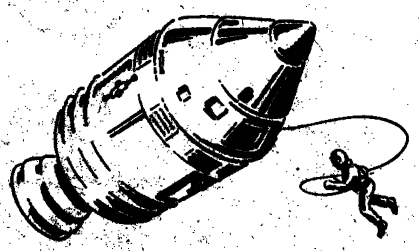
Mediatric® tablets, capsules, liquid, Steroid-nutritional compound
may help a little, or a lot.

BRIEF SUMMARY

Indication: For use in aging patients of both sexes.
Contraindication: Carcinoma of the prostate, due to methyltestosterone component.
Side Effects: In addition to withdrawal bleeding, breast tenderness or hirsutism may occur.
Suggested Dosage: *Male and female*—1 Tablet or Capsule or 3 teaspoonfuls Liquid, daily or as required.
In the female: To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period).
In the male: A careful check should be made on the status of the prostate gland when therapy is given for protracted intervals.
Supplied: No. 752—MEDIATRIC Tablets, in bottles of 100 and 1,000. No. 252—MEDIATRIC Capsules, in bottles of 30, 100, and 1,000. No. 910—MEDIATRIC Liquid, in bottles of 16 fluidounces.

Ayerst® AYERST LABORATORIES
New York, N.Y. 10017

6952



Man in space, now fait accompli, re-emphasizes the importance of Uro-Phosphate therapy. Research into the effect of space travel on the astronaut reveals that weightlessness causes loss of bone calcium. As the bones are required to bear less and less of the weight of the body they lose calcium, increasing the calcium content of the urine. When physical activity is reduced, the acidity of the urine should be adjusted to keep increased calcium in solution . . . a prophylaxis to prevent kidney or bladder calculi.

Uro-Phosphate.

NOW A SUGAR-COATED TABLET

Each tablet contains: METHENAMINE, 300 mg., SODIUM ACID PHOSPHATE, 500 mg.

Uro-Phosphate gives comfort and protection when inactivity causes discomfort in the urinary function. It keeps calcium in solution, preventing calculi; it maintains clear, acid, sterile urine; it encourages complete voiding and lessens frequency when residual urine is present.

Uro-Phosphate contains sodium acid phosphate, a natural urinary acidifier. This component is fortified with methenamine which is inert until it reaches the acid urinary bladder. In this environment it releases a mild antiseptic keeping the urine sterile.

Uro-Phosphate is safe for continuous use. There are no contra-indications other than acidosis. It can be given in sufficient amount to keep the urine clear, acid and sterile. A heavy sugar coating protects its potency.

Dosage:

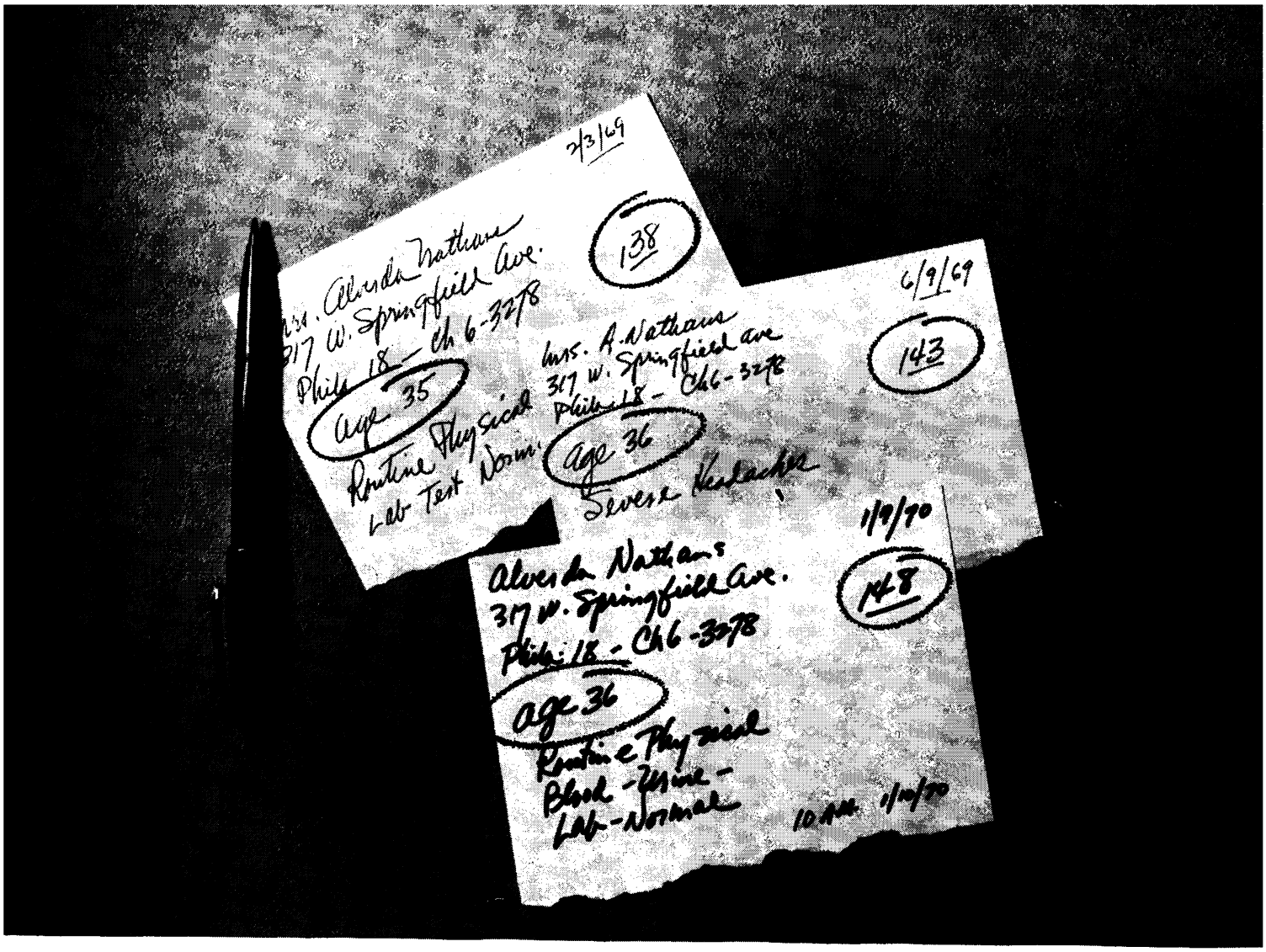
For protection of the inactive patient 1 or 2 tablets every 4 to 6 hours is usually sufficient to keep the urine clear, acid and sterile.

2 tablets on retiring will keep residual urine acid and sterile, contributing to comfort and rest.

A clinical supply will be sent to physicians and hospitals on request.

WILLIAM P. POYTHRESS & COMPANY, INC., RICHMOND, VIRGINIA 23217

Manufacturers of Ethical Pharmaceuticals



"When she's adding more pounds to more years"

. . . she may be ready for this 3-STEP PROGRAM:

1. Your supervision of a weight-loss regimen;
2. The Obedrin Menu Plan;
3. OBEDRIN-LA—for anorectic action.

By suppressing appetite and lifting mood, OBEDRIN-LA can appreciably reinforce your professional guidance and personal encouragement. OBEDRIN-LA is especially valuable early in the program, when physical and emotional resistance to change are often strongest.

DOSAGE: One tablet daily, usually at 10 a.m.

CAUTION: Obedrin-LA should not be given concurrently with monoamine oxidase inhibitors. It should be used with caution in patients having a sensitivity to sympathomimetic compounds or barbiturates and in cases of coronary or cardiovascular disease or severe hypertension. Excessive use of amphetamines by unstable individuals has been reported to result in a psychological dependence. In such cases, withdrawal of medication is necessary. All medication should be used with caution in pregnant patients, especially in the first trimester.

SIDE EFFECTS: Insomnia, excitability, nervousness may occur if dosage is excessive. These occur infrequently and are mild with the recommended dosage.

SUPPLY: In bottles of 50, 250 and 1000.

CAUTION: Federal law prohibits dispensing without prescription.

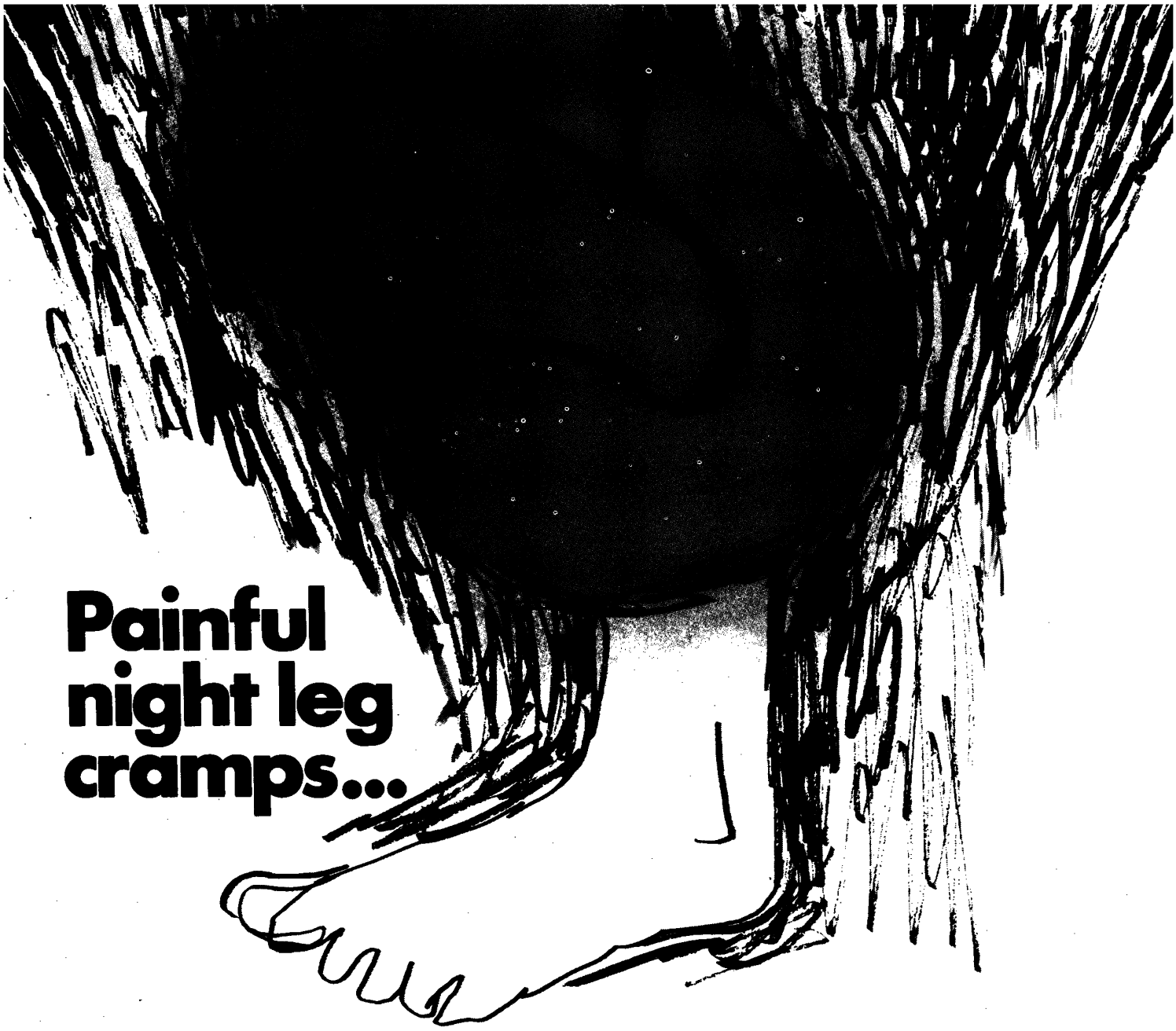
Obedrin®-LA

"TRICKLE-RELEASE" TABLETS

FORMULA: Each long-acting tablet contains Methamphetamine HCl, 12.5 mg.*; Pentobarbital, 50 mg.* (Barbituric Acid derivative; Warning: May be habit forming); Ascorbic Acid, 200 mg.; Thiamine Mononitrate, 1 mg.; Riboflavin, 2 mg.; Niacin, 10 mg.

*Provides prolonged effect over a period up to 8 to 10 hours.

SEMED *Pharmaceuticals* DIVISION OF THE S. E. MASSENGILL COMPANY, BRISTOL, TENN. 37620



Painful night leg cramps...

unwelcome bedfellow for any patient– including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

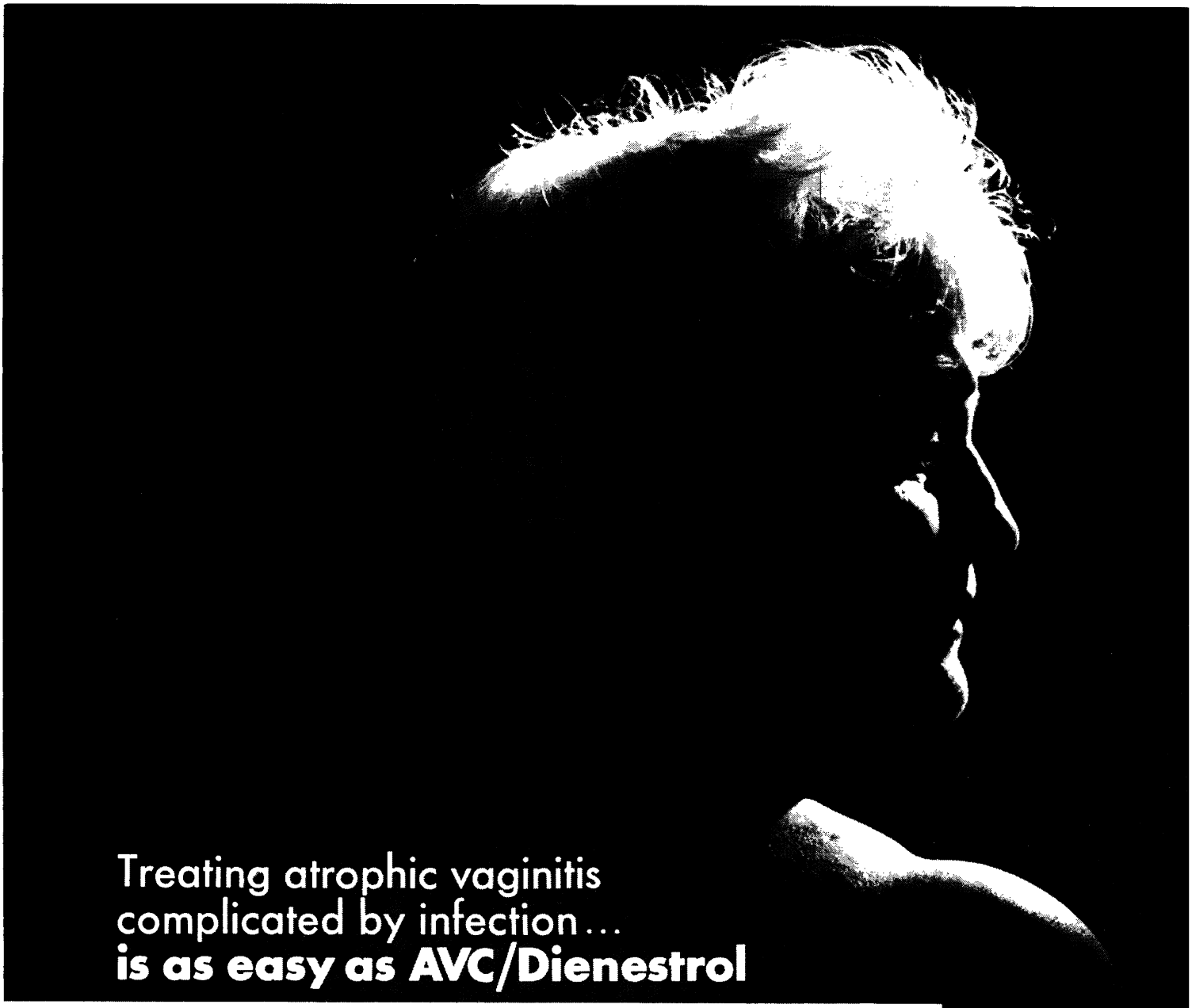
Prescribing Information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

Quinamm™
(quinine sulfate 260 mg., aminophylline 195 mg.)

Specific therapy for night leg cramps

0915A 1/70



Treating atrophic vaginitis complicated by infection... **is as easy as AVC/Dienestrol**

Dienestrol helps restore estrogen-deficient vaginal mucosa. It is the *particular* ingredient in AVC/Dienestrol that improves cell maturation counts[1,2] — helps stimulate the restoration of normal vaginal epithelium to resist infection.

Two recent studies reconfirm AVC/Dienestrol efficacy.[1,2] AVC/Dienestrol is proven effective against monilial, trichomonal, nonspecific bacterial vaginitis, and mixed infections.[1,2] AVC/Dienestrol combats infection, helps restore tissue resistance to reinfection.

So even in complex cases, the treatment can remain the same. Comprehensive. Effective. Easy as AVC/D.

Contraindications: Known sensitivity to sulfonamides; diagnosis or familial history of carcinoma of the genital tract or breasts; precarcinomatous lesions of the vagina or vulva; palpable uterine fibromyoma; mammary fibroadenoma; depressed liver function.

Precautions/Adverse Reactions: The usual precautions for topical and systemic sulfonamides should be observed because of the possibility of absorption. Burning, increased local discomfort, skin rash, urticaria or other manifestations of sulfonamide toxicity or sensitivity are reasons to discontinue treatment. The use of AVC/Dienestrol does not preclude the necessity for careful diagnostic measures to eliminate the possibility of neoplasia of the vulva or vagina. Manifestations of excessive estrogenic stimulation through dienestrol absorption may occur. These include uterine bleeding, breast tenderness, exacerbation of menstrual irregularity and provocation of serious bleeding in women sterilized because of endometriosis. Endometrial withdrawal bleeding may occur if use is suddenly discontinued.

Dosage: One applicatorful or one suppository intravaginally once or twice daily.

Supplied: 'AVC/Dienestrol Cream'—Four ounce tube *with* applicator. 'AVC' and 'AVC/Dienestrol Suppositories'—Box of 12 with applicator.

References: (1) Salerno, L. J.; Ortiz, G., and Turkel, V.: Vaginitis: A Diagnostic and Therapeutic Approach, Scientific Exhibit, presented at the 115th Annual A.M.A. Convention, Chicago, Illinois, June 1966. (2) Nugent, F. B., and Myers, J. E.: Pennsylvania Med. 69:44, 1966.

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON MERRELL INC
PHILADELPHIA, PENNSYLVANIA 19144

AVC/Dienestrol

Cream (dienestrol .01%, sulfanilamide 15.0%, aminacrine hydrochloride 0.2%, allantoin 2.0%)
Suppositories (dienestrol 0.70 mg., sulfanilamide 1.05 Gm., aminacrine hydrochloride 0.014 Gm., allantoin 0.14 Gm.)

 AV-920A 7/69

Riker Laboratories is pleased to announce...

...the plan that means lower drug costs for your geriatric patients

It's the "GOLDEN AGE PRESCRIPTION PLAN," and all your patients who are sixty years of age or older are eligible. For use in conjunction with DORBANTYL®, the product that's particularly effective in overcoming the problem of constipation in the older patient—the plan enables your patient to receive a 35-cent cash refund from us when his prescription for DORBANTYL is filled. There's nothing extra for you to do ...no bookkeeping is necessary. It's as simple as 1, 2, 3.

1. You are supplied with pre-printed DORBANTYL prescriptions (each prescription consisting of an original and a carbon copy)—you give your patient both the original and its carbon copy.
2. When the prescription is filled, the pharmacist validates the copy by signing it or affixing his store label to it—and gives the duplicate to your patient.
3. Your patient simply mails the validated duplicate copy of the Rx to us and receives the cash refund.

That's all there is to it... but that can be quite a bit to your "golden age" patient.

Ask your Riker Representative about the "Golden Age Prescription Plan."

RIKER LABORATORIES
Northridge, California 91324
Sponsors of Riker Service—
the complimentary classified
service for physicians.

DISTAL EARLY WARNING:

SLOW OR UNUSUAL NAIL GROWTH

Discolored, thickened and deformed toenails or ridged fingernails which are not firmly attached to the nailbed may indicate peripheral vascular disease. So too, other distal early warning signs such as color changes, shiny skin and lack of hair may suggest an impaired peripheral circulation.

Early diagnosis can mean more viable smooth musculature capable of responding to vasospasmolytic therapy with Cyclospasmol.

Cyclospasmol

- lowers peripheral resistance in limb vessels... improves distal run-off, facilitates development of collateral circulation.
- is a musculotropic without significant adrenergic or cardiostimulant effects.
- is unrelated to epinephrine, papaverine or nicotinic acid.

A program of progressive walking exercise, cessation of smoking, foot care, proper diet and Cyclospasmol can be of long-term value to many patients with early occlusive disease.

Before arteriosclerosis obliterans becomes painfully evident

Cyclospasmol® (cyclandelate)

For long-term enhancement of peripheral circulation

See facing page for Brief Summary

Cyclospasmol
(cyclandelate)

ACTIONS: Cyclospasmol (cyclandelate) is an orally effective peripheral spasmolytic and vasodilator that acts directly on the vascular smooth musculature to produce a gradual and progressive relaxation that enhances the peripheral and cerebral blood flow. **INDICATIONS:** For adjunctive therapy in occlusive and vasospastic diseases of the vascular system associated with an impaired circulation, such as: intermittent claudication; arteriosclerosis obliterans; thrombophlebitis (to control associated vasospasm and muscular ischemia); nocturnal leg cramps; local frostbite; Raynaud's phenomenon; as an aid to encourage healing of diabetic and trophic ulcers of the legs; and for selected cases of ischemic cerebral vascular disease. A faster response may be expected in conditions in which vasospasm is predominant in the pathological process. The drug is not intended to substitute for an adequate medical or surgical program in the treatment of peripheral or cerebral vascular disease. It is imperative that the patient continue to follow established therapy, e.g., foot care, discontinuance of smoking, etc., while taking Cyclospasmol. Since cerebrovascular disease is diagnosed most frequently only after destruction of nerve tissue, it cannot be expected that signs and symptoms arising from an interruption of neuronal function can be completely reversed by correcting the exciting cause. Nevertheless, restoration of blood flow towards more normal levels with cyclandelate may often produce marked relief from such signs and symptoms as head noises, ringing in the ears, a feeling of weakness, unsteady gait, mental confusion, temporary fluctuations in hearing acuity, poor memory and slurred speech. More important, the drug may provide prophylaxis against further circulatory embarrassment, particularly if the diminished circulation is associated with spasm of the vascular wall. **CONTRAINDICATIONS:** Cyclospasmol is contraindicated in cases of known hypersensitivity to the drug. **WARNINGS: 1.** Cyclandelate should be used with extreme caution in patients with severe obliterative coronary artery or cerebral vascular disease, since there is a possibility that these diseased areas may be compromised by vasodilatory effects of the drug elsewhere. **2. USE IN PREGNANCY:** The safety of cyclandelate for use during pregnancy or lactation has not been established; therefore, it should not be used in pregnant women or in women of childbearing age unless, in the judgment of the physician, its use is deemed absolutely essential to the welfare of the patient. **3.** Although no prolongation of bleeding time has been demonstrated in humans in therapeutic dosages, it has been demonstrated in animals at very large doses. Therefore, the hazard of a prolonged bleeding time should be carefully considered when administering cyclandelate to a patient with active bleeding or a bleeding tendency. **PRECAUTIONS:** Since Cyclospasmol is a vasodilator, it should be used with caution in patients having glaucoma. Consult direction circular before prescribing. **ADVERSE REACTIONS:** Gastrointestinal distress (pyrosis, pain and eructation) may occur with Cyclospasmol. These symptoms occur infrequently and are usually mild. Relief can often be obtained by taking the medication with meals or by the concomitant use of antacids. Mild flush, headache, feeling of weakness or tachycardia may occur, especially during the first weeks of administration. **SUPPLIED:** 200 mg. blue capsules in bottles of 100 and 500; 100 mg. orange tablets in bottles of 100 and 500.

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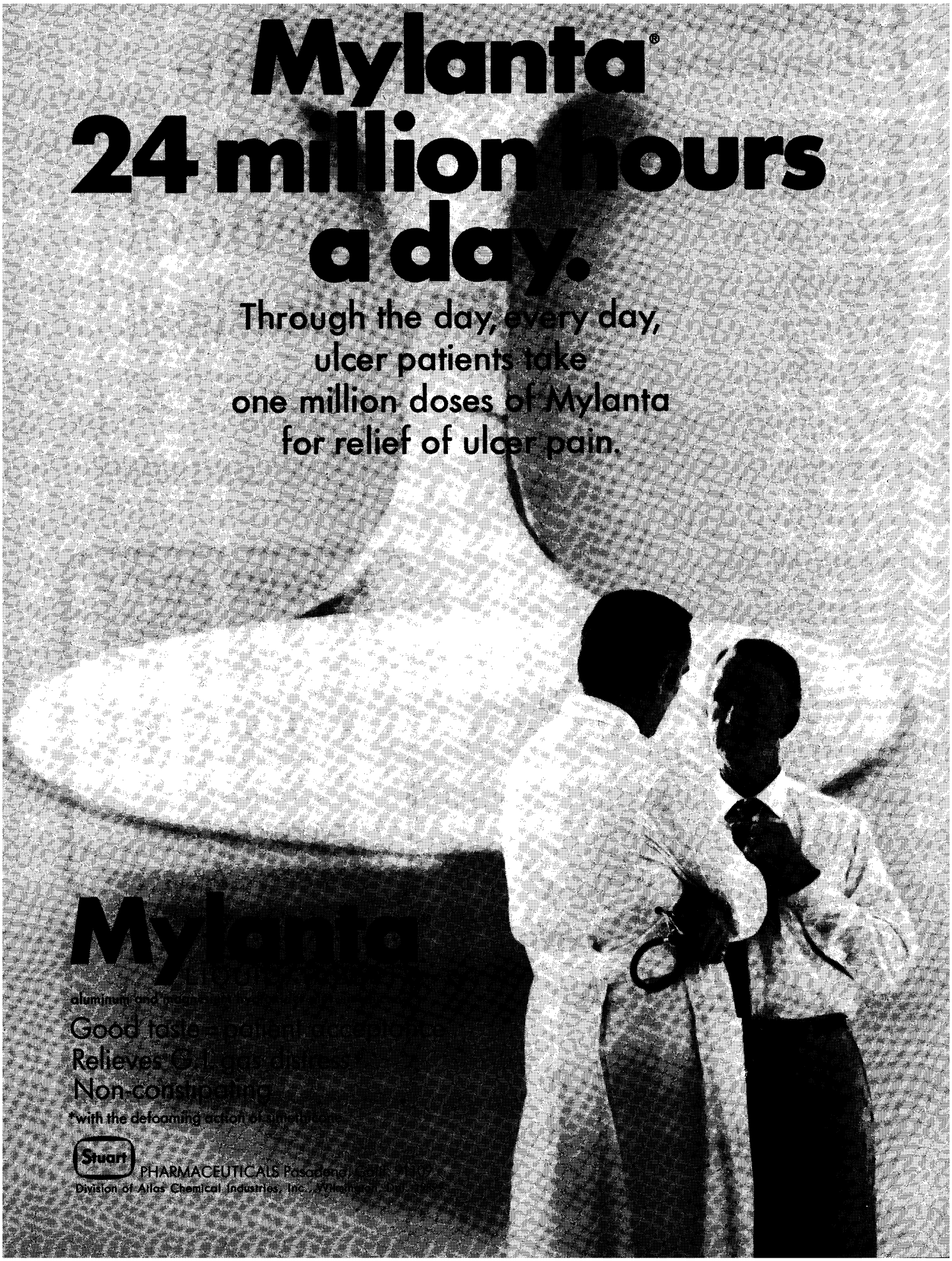
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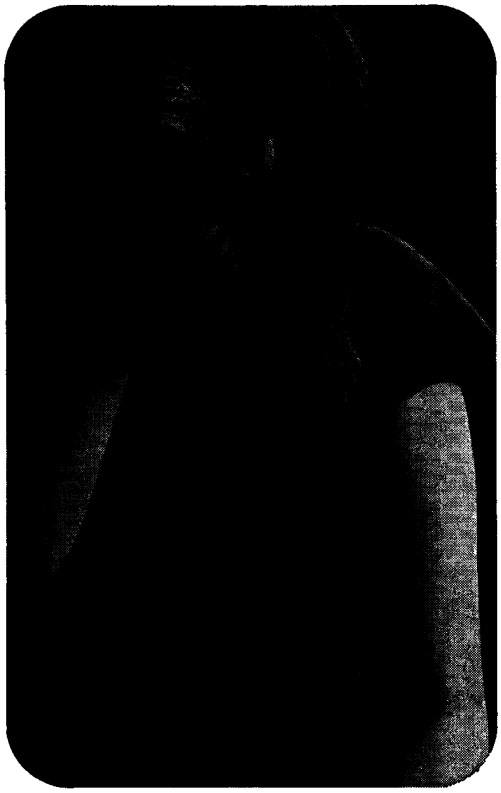

keeping your patient comfortable

PRECAUTIONS: Administer with caution to persons with known idiosyncrasy to atropine or cardiac disease.

SIDE EFFECTS: Neither irritation nor other untoward reactions have been reported; however, if pronounced dryness of the mouth, flushing, or difficulty in initiating micturition occur, decrease dosage. If rapid pulse, dizziness, or blurring of vision occur, discontinue use immediately. Acute urinary retention may be precipitated in prostatic hypertrophy.

CONTRAINDICATIONS: Glaucoma, urinary bladder neck or pyloric obstruction, duodenal obstruction and cardiospasm. Hypersensitivity to any of the ingredients.

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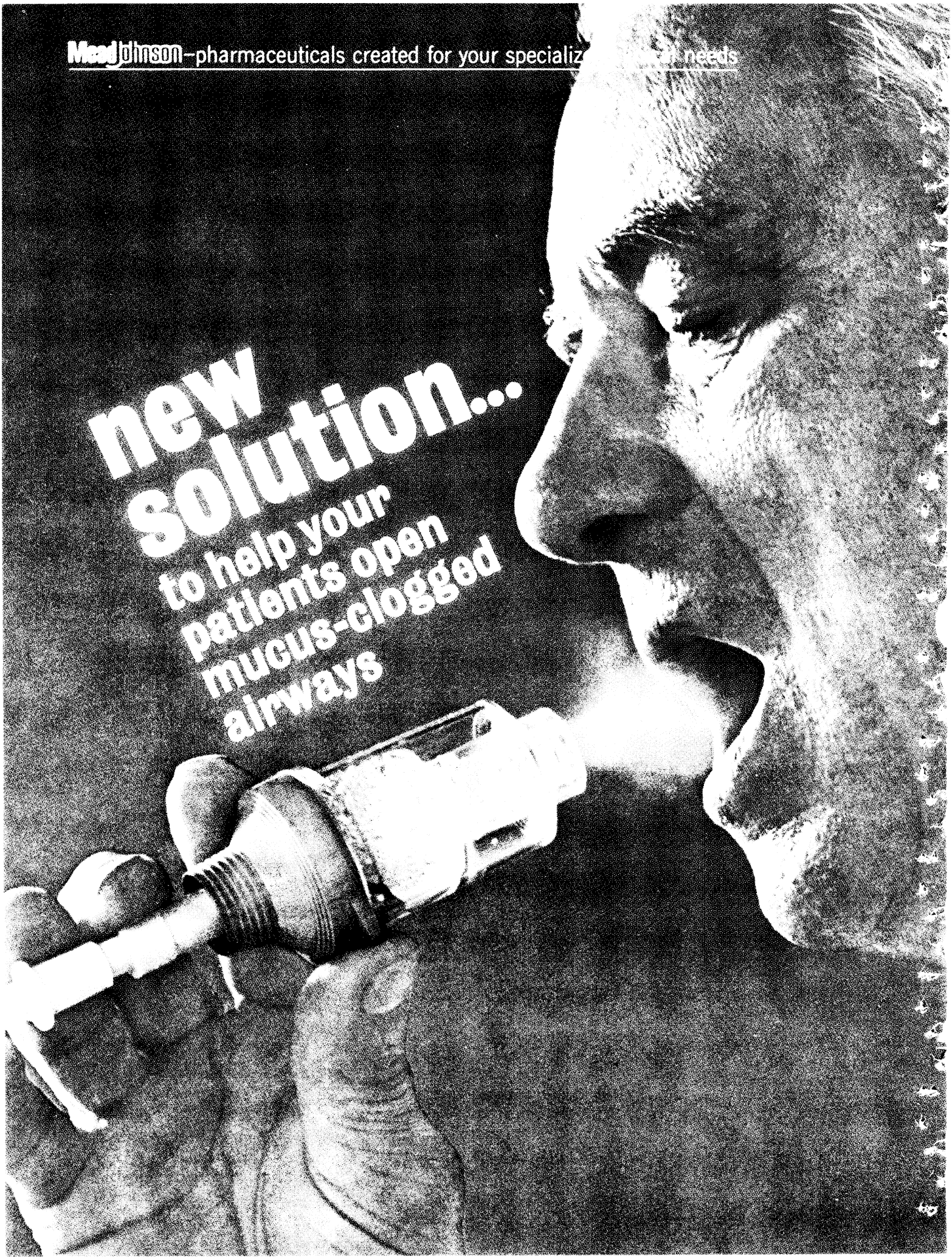
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new solution...
to help your patients open mucus-clogged airways

new 10% solution...
particularly convenient for home use

MUCOMYST®-10
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liquefies thick, viscid mucus in chronic bronchitis and emphysema

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By including Mucomyst-10 in the home management regimen, you can provide full mucolytic benefits for many of your patients with chronic bronchitis and emphysema complicated by tenacious secretions.

Indications: Mucomyst has been demonstrated to be clinically effective as adjuvant therapy in a wide range of conditions in which thick, viscous mucus is a problem, including: postoperative atelectasis and pneumonia; chronic bronchopulmonary disease (emphysema, chronic bronchitis, asthma, and bronchiectasis); acute bronchopulmonary disease (pneumonia, bronchitis, and tracheobronchitis); tracheostomy care; facilitation of bronchial studies; maintenance of an open airway during anesthesia; and to help control pulmonary complications of cystic fibrosis. **Contraindications:** Mucomyst is contraindicated in those patients who are sensitive or who have developed a sensitivity to it. **Warnings: After proper administration of acetylcysteine, an increased volume of liquefied bronchial secretions may occur. When cough is inadequate, the open airway must be maintained by mechanical suction if necessary. When there is a large mechanical block due to foreign body or local accumulation, the airway should be cleared by endotracheal aspiration, with or without bronchoscopy. Asthmatics under treatment with Mucomyst should be watched carefully. If bronchospasm progresses, this medication should be immediately discontinued. Adverse Effects:** Adverse effects have included stomatitis, nausea and rhinorrhea. Sensitivity and sensitization to Mucomyst have been reported very rarely. A few susceptible patients, particularly asthmatics (see **Warnings**), may experience varying degrees of bronchospasm associated with the administration of nebulized acetylcysteine. Most patients with bronchospasm are quickly relieved by the use of a bronchodilator given by nebulization. **Administration & Dosage:** Mucomyst may be administered by nebulization into a tent, Croupette, face mask, or mouthpiece; or by direct instillation. **Mucomyst should not be placed directly into the chamber of a heated (hot-pot) nebulizer.** Complete details on dosage, administration, and compatibility are included in the package insert. Additional information may be obtained from Mead Johnson Laboratories. **Supplied: Mucomyst-10 (acetylcysteine)**, a sterile 10% solution, in vials of 10 ml. and 30 ml.; **Mucomyst (acetylcysteine)**, a sterile 20% solution, in vials of 10 ml. and 30 ml.

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CONTINUING EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, extension 241.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Research Affairs, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, Clay and Webster Streets, San Francisco 94115. (415) 931-8000.

STAN: Stanford University
Contact: Thomas A. Gonda, M.D., Associate Dean, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5940.

UCD: University of California, Davis
Contact: Charles J. Tupper, M.D., Dean, University of California, Davis, School of Medicine, Davis 95616. (916) 752-0331.

UCI: University of California — California College of Medicine, Irvine
Contact: Robert Combs, M.D., Associate Dean, University of California, Irvine—California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-6514.

UCSD: University of California, San Diego
Contact: Clifford Grobstein, Ph.D., Dean, University of California, San Diego, School of Medicine, La Jolla 92038. (714) 453-2000.

UCSF: University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, University of California Medical Center, San Francisco 94122. (415) 666-1692.

USC: University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

CANCER

January 24—**Problems in Head and Neck Cancer.** PMC. Saturday. Team approach by various specialists to decisions required in management of malignancies in the head and neck region. Radiation necrosis of the mandible; anesthesia—endotracheal intubation, hypotensive anesthesia; pitfalls; surgery of the head and neck tumors. $40. 5 hrs.

February 21-25—**Current Concepts in Cancer Chemotherapy.** UCLA at El Mirador Hotel, Palm Springs. Saturday-Wednesday. 13½ hrs.

May 15-16—**Hormones and Neoplasma—Cancer Conference.** USC at Century Plaza Hotel, Los Angeles. Friday-Saturday.

MEDICINE

January 16-17—**Modern Trends in Epilepsy.** UCSF. Friday-Saturday. Critical analysis of team approach, epilepsy in childhood, re-appraisal of petit-mal, metabolic aspects of epilepsy and anticonvulsants, EEG and epilepsy, treatment of refractory epilepsy, neurosurgery of epilepsy, epilepsy and personality, focal epilepsy, epilepsy and the law, medical and social problems of epilepsy. $30. 12 hrs.

January 16-18—**Total Rehabilitation—A Road to Work for "Unemployable" Cardiac Patients.** Ben R. Meyer Rehabilitation Center of Cedars-Sinai Medical Center at Sheraton-Universal Hotel, Los Angeles. Thursday-Sunday. Contact: John H. Aldes, M.D., Director, Ben R. Meyer Rehabilitation Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111.

January 17—**Workshop in Advanced Arrhythmias.** PMC. Saturday. Review of electrophysiological bases, mechanism, diagnostic approach and significance of complex disturbances of cardiac rhythm. $50. 7 hrs.

January 20-31—**Coronary Care Unit Program for Physicians.** CRMP Area V at Los Angeles County-USC Medical Center. Two week course repeated monthly through May, 1970. Arrhythmia detection, diagnosis and therapy, defibrillation and cardioversion, central venous pressure monitors, placement of pacing catheters, new aspects in diagnosis and treatment of congestive heart failure, shock and associated respiratory problems, and CCU management in community hospitals. Contact: Gladys Ancrum, Dr. P. H., Administrative Associate, CRMP Area V, 1 West Bay State St., Alhambra 91801. (213) 576-1626.

January 21—**14th Annual Midwinter Symposium on Cardiovascular Research.** Los Angeles County Heart Association at Hilton Hotel, Los Angeles. Wednesday. Contact: Joe Kennelley, Director, Public Information, LACHA, 2405 West 8th St., Los Angeles 90057. (213) 385-4231.

February 2-3—**Symposium of Arrhythmias.** American College of Cardiology in cooperation with UCI at Newporter Inn, Newport Beach. Sunday-Tuesday. Latest anatomical, pharmacological, and physiological bases for disturbances of cardiac rhythm related to specific disease entities and situations. Workshops will demonstrate clinical application of basic concepts. $60 members, $75 non-members. 11 hrs. Contact: UCI.

February 3-14—**Coronary Care Unit Program for Physicians.** CRMP Area V. See January 20-31.

February 4-March 4—**Toxicology in Modern Medicine.** UCLA. Wednesdays 7:30-9:30. 10 hrs.

February 6—**Stroke Symposium.** CRMP Area VII at Hotel Del Coronado, Coronado. Friday. $10. Contact: Derek W. Price, Assoc. Coordinator, CRMP Area VII, 7816 Ivanhoe, La Jolla 92037. (714) 459-3739.

February 12-13—**Effects of Steroids in Erythropoiesis and Bone Marrow Failure.** UCSF. Thursday-Friday.

February 13-14—**American College of Physicians — Northern California-Nevada Regional Meeting.** Mark Thomas Inn, Monterey. Friday-Saturday. $5. Contact: John R. Gamble, M.D., Governor, No. Calif. and Nevada Region, ACP, 655 Sutter Street, San Francisco 94102. (415) 673-4080.

February 14-15—**Rheumatic Diseases in Children and Adults.** USC at Childrens Hospital, Los Angeles. Saturday-Sunday.

February 17-18—**American College of Physicians — Hawaii Regional Meeting.** Pacific Club, Honolulu. Tuesday-Wednesday. Tuesday and Wednesday a.m.: Scientific Sessions. Tuesday p.m.: Lecture in connection with The American College of Surgeons, "What's Left in Thyroid Disease for the Surgeon?" 8 hrs. Contact: Morton E. Berk, M.D., Governor, Hawaii Region, ACP, 1133 Punchbowl Street, Honolulu 96813. (808) 537-2211.

February 18—**Coronary Heart Disease, 1970.** USC at Huntington-Sheraton Hotel, Pasadena. Wednesday 9-4:30. Latest research and clinical information on diagnosis and management of coronary disease. Prevention and post-coronary rehabilitation. $35. 6 hrs.

February 20-21—**American College of Physicians — Southern California Regional Meeting.** Coronado. Friday-Saturday. Contact: Eugene Braunwald, M.D., Chairman of Scientific Program, UCSD.

February 28-March 1—**Your Patient with Renal Disease.** UCSF at Franklin Hospital, San Francisco. Saturday-Sunday. Office recognition and evaluation, recurrent urinary tract infections, hypertension, current vascular surgical concepts in reno-vascular hypertension, urological aspects, acute and chronic renal failure, chronic hemodialysis, the community dialysis unit. 8½ hrs.

March 2-20—**Coronary Care for Physicians Training Program.** CRMP Area IV and Cedars-Sinai Medical Center at Cedars of Lebanon Hospital, Los Angeles. Three week course repeated six times through November, designed for practicing internists or cardiologists who will subsequently be working in or directing CCU in community hospitals. Electrocardiography, physical diagnosis, CCU planning and administration, electrolytes and acid-base metabolism, emphasis on practical techniques. Contact: Herbert Stein, M.D., Coronary Care for Physicians Training Programs, Dept. of Cardiology, Cedars of Lebanon Hospital, Box 54265, Los Angeles 90029. (213) 662-9111, Ext. 306.

March 3-14—**Coronary Care Unit Program for Physicians.** CRMP Area V. See January 20-31.

March 5-6—**Symposium on Endocrinology.** USC at Century Plaza Hotel. Thursday-Friday. Modern endocrine testing, reproductive endocrinology, general endocrinology.

March 5-6—**Dialogues in Dermatology.** UCSF at Sir Francis Drake Hotel, San Francisco. Thursday-Friday. Veterinary dermatology; atopic dermatitis. The Perineum: vulvar dermatology; genito-urinary dermatology; proctologic dermatology; stomatology and the dermatologist; oto-dermatology; blepharitis; current advances in burn therapy; podiatric dermatology; stasis dermatitis and ankle ulcers; research dermatology. 14 hrs.

March 7 — **Pediatric Hematology.** UCSF at Childrens Hospital and Adult Medical Center, San Francisco. Saturday.

March 14—**Auscultation of the Heart.** PMC. Saturday. Discussion and teaching on the heart sound simulator. 8 hrs.

March 26—**Obesity.** USC at Hilton Hotel, Los Angeles. Thursday.

April 3-4—**Cardiac Arrhythmias in Clinical Practice.** Sacramento-Yolo-Sierra Heart Association at Sacramento Inn, Sacramento. Friday-Saturday. $10. 10 hrs. Contact: Harold M. Lowe, M.D., Chairman, Symposium Committee, Sacramento-Yolo-Sierra Heart Assoc., Dept. of Cardiovascular-Pulmonary Diseases, Mercy Hospital, 4001 J Street, Sacramento 95819. (916) 456-7881.

April 6-15—**Cardiology for the Consultant—A Clinician's Retreat.** American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. Ten day program for well-trained clinicians to sharpen ability in the field of cardiology. Contact: William D. Nelligan, Exec. Dir., ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

April 8-9—**Medical Surgical Gastroenterology.** USC at Hilton Hotel, Los Angeles. Wednesday-Thursday.

April 10—**Annual Symposium on Heart Disease.** Orange County Heart Association at Disneyland Hotel, Anaheim. Friday. Contact: Liggett McLaws. Program Dir., OCHA, P.O. Box 1704, Santa Ana 92702. (714) 947-3001.

April 11—**Myocardial Infarction.** PMC. Saturday. Principles and techniques in a coronary care unit, electrocardiographic diagnosis, therapeutic approach to arrhythmias, heart failure in myocardial infarction, cardiac rehabilitation and the value of exercise, anticoagulation. $35.

April 11-12—**Clinical EMG.** UCSF. Saturday-Sunday.

April 22-25—**Advances in Endocrinology and Metabolism.** UCSF. Wednesday-Saturday. Intensive review of interrelationships between metabolic disease and endocrine dysfunction, critical evaluation of new developments.

May 4-22—**Coronary Care for Physicians Training Program**—CRMP Area IV. See March 2-20.

May 12—**Analytical Approach to Cardiac Diagnosis.** American College of Cardiology and LLU at LLU. Tuesday. Representative cases of heart disease: history, examination, laboratory and radiological procedures. Contact: William D. Nelligan, Exec. Dir., ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

May 14-15—**Diagnosis and Clinical Management of Ocular Infections.** UCLA. Thursday-Friday.

May 15-17—**Basic Principles of Cardiac Therapy.** PMC and the American College of Cardiology at Jack Tar Hotel, San Francisco. Friday-Sunday. Clarification of pathophysiological basis of various disease states, rational approach to drug usage. 24 hrs. Contact: PMC.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $100 (52 issues). Contact: USC.

Grand Rounds—Medicine

Tuesdays

9-10:30 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Wednesdays

Grand Rounds in Internal Medicine. 10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

Grand Rounds in Internal Medicine. 12:30-1:30 p.m., University Hospital, UCSD.

Thursdays

10:30-12:00 noon, Room C3-105, UCLA Medical Center. UCLA.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Infectious Disease Grand Rounds. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

Neurology. 10:15 a.m.,Neurology Conference Building 7, V.A. Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

2-3:00 p.m., Classroom, Third Floor, Fresno General Hospital, Fresno. CRMP Area IV.

Rheumatology Grand Rounds. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

OBSTETRICS AND GYNECOLOGY

February 7-8—**Los Angeles Obstetrical and Gynecological Forum — 19th Annual Meeting.** Beverly Hilton Hotel, Beverly Hills. Saturday-Sunday. Saturday: the fetus in jeopardy, infections in obstetrics and gynecology. Sunday: 1970 Ob. and Gyn. Assembly. Contact: Dee Davis, Executive Sec., L.A. Ob. & Gyn. Soc., 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.

February 20-21—**Birth Prevention: The Growing Challenge to Physicians and to the Community.** UCSF. Friday-Saturday. Birth prevention, contraception, role of contraceptive clinic, unmarried teenager, sex education in schools, use and complications of IUD and Pill, patient attitudes, future methods, therapeutic abortion, physician attitudes toward therapeutic and elective abortion, techniques of therapeutic abortion, female sterilization. 11½ hrs.

May 15-16—**Obstetrics and Gynecology Symposium.** Southern California Permanente Medical Group and Kaiser Foundation Hospitals at Beverly Hilton Hotel, Beverly Hills. Friday-Saturday. Contact: Shirley Gach, Rm. 6014. So. Calif. Permanente Med. Group, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.

PEDIATRICS

January 17—**Current Concepts in the Management of Renal Disease in Children.** Childrens Hospital of Orange County. Saturday. 4 hrs. Contact: Merl J. Carson, M.D., Medical Dir., Childrens Hospital of Orange County, 1109 W. La Veta, Orange 92668. (714) 538-8831.

February 7—**Pediatric Urology—The Dilated Ureter; The Uncoordinated Bladder.** UCSF at Childrens Hospital, San Francisco. Saturday. Mechanics of dilatation, diagnostic techniques, hydroureter and reparative ureteal surgery, treatment. $25. 6½ hrs.

February 9-20—**Mental Retardation.** UCLA in cooperation with Pacific State Hospital, Pomona, at UCLA Neuropsychiatric Institute. Two weeks. For physicians and allied professionals. Causation, symptomatology, care, treatment and management, diagnostic techniques suitable for office practice, parental reactions and intrafamily psychopathology, and recent research findings. 80 hrs. Contact: UCLA.

March 7—**Pediatric Hematology.** UCSF. See Medicine, March 7.

March 12-14—**Pediatric Neurology.** UCSF. Thursday-Saturday. Review of neurological examinations and procedures, paroxysmal neurological disorders, metabolic problems in pediatric neurology, disorders of movement.

March 20-21—**Pulmonary Disease in Newborns.** UCI, CRMP Area VIII in cooperation with the National Cystic Fibrosis Research Foundation at Childrens Hospital of Orange County. Friday-Saturday. Registration by March 1 is necessary. Contact: Bruce D. Ackerman, M.D., Dept. of Pediatrics, UCI.

March 30-April 2—**Clinical Evaluation of Children with Learning Disorders.** UCSF. Monday-Thursday. Discussions and demonstrations of the total clinical evaluation: pediatric, ophthalmologic, speech, audiology and educational factors.

April 3-4—**Pediatric Symposium—Nephrology.** Southern California Permanente Medical Group and Kaiser Foundation Hospitals at Ambassador Hotel, Los Angeles. Friday-Saturday. Contact: Shirley Gach, Rm. 6014, So. Calif. Permanente Med. Group, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.

April 4-5—**Armchair Allergy.** PMC. Saturday-Sunday. Early diagnosis, role of steroids in management of asthma, skin tests, current concept of the basic steps in the allergic reaction. $50.

April 17-18—**Infectious Diseases.** UCSF at Childrens Hospital, San Francisco. Friday-Saturday. For pedia-

tricians, family physicians, internists and clinically oriented bacteriologists.

May 7-9—**Advances in Pediatrics.** UCSF. Thursday-Saturday. Review of major reappraisals in some aspects of the specialty, clinical implications of advances in cytology, physiology, immunology and endocrinology.

Grand Rounds—Pediatrics

Tuesdays

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Conference Room, Sixth Floor, Harbor General Hospital, Torrance. CRMP Area IV.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:30 a.m., Stanford University Medical Center, Palo Alto.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

PSYCHIATRY

January 17-18—**Social and Emotional Problems of Poverty.** USC Division of Postgraduate Psychiatry at Ambassador Hotel, Los Angeles. Saturday-Sunday. $25. Contact: Ronald A. Markman, M.D., Asst. Dir., Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

January 20-April 7—**Psychiatric Principles in a Medical Practice.** USC Division of Postgraduate Psychiatry at South Coast Community Hospital Auditorium, South Laguna. Tuesdays. $35. Contact: Ronald A. Markman, M.D., Assistant Dir., Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

February 26-April 30—**Teaching Clinics in Psychiatry.** UCLA. Thursdays.

March 14-15—**Current Theories in Psychiatry.** UCSF at Napa State Hospital, Imola. Saturday-Sunday.

March 14-15—**The Troubled Adolescent in the Modern Family.** UCSF at Mendocino State Hospital, Talmage. Saturday-Sunday.

March 20-21 — **Suicide Prevention and Advanced Workshop.** UCSF. Friday-Saturday.

March 23-26—**American Orthopsychiatric Association.** Mark Hopkins and Fairmont Hotels, San Francisco. Monday-Thursday. Contact: Marion F. Langer, Ph.D., AOA, 1790 Broadway, New York 10019. (212) 586-5690.

April 4-5—**The Brain and Behavior.** UCSF at Agnews State Hospital, San Jose. Saturday-Sunday. New developments in chemistry, neuroanatomy, and neurophysiology related to human behavior.

April 8-June 10—**Group Methods.** UCSF at V.A. Hospital, San Francisco. Wednesdays 11:30-1:00. Weekly lectures and participants assigned to clinic groups. $25.

April 18-19—**New Approaches to the Care of the Suicidal Patient.** UCLA. Saturday-Sunday.

May 2-3—**Further Explorations in Group Therapy.** UCSF at Modesto State Hospital Modesto. Saturday-Sunday.

May 8-10—**American Academy of Psychoanalysis—Annual Meeting.** Jack Tar Hotel, San Francisco. Friday-Sunday. Contact: Mollie Carroll, 125 East 65th Street, New York 10021. (212) 879-8950.

May 8-10—**Society for Biological Psychiatry.** Hilton Hotel, San Francisco. Friday-Sunday. Contact: George N. Thompson, M.D., Sec.-Treas., SBP, 2010 Wilshire Blvd., Los Angeles 90017. (213) 483-7863.

May 8-11 — **American Psychoanalytic Association.** Sheraton Palace Hotel, San Francisco. Friday-Monday. Contact: Mrs. Helen Fischer, Exec. Sec., APA, 1 East 57th Street, New York 10022. (212) 265-0430.

May 9-10—**Psychiatry and the Law.** UCSF at Humboldt State College, Arcata. Saturday- Sunday.

May 10—**Association for the Advancement of Psychotherapy.** Civic Auditorium, San Francisco. Sunday. Contact: Stanley Lesse, M.D., Pres., AAP, 15 W. 81st Street, New York 10024. (212) 873-9233.

May 11-15—**American Psychiatric Association.** Civic Auditorium and Brooks Hall, San Francisco. Monday-Friday. Contact: Robert S. Garber, M.D., Executive Sec., Carrier Clinic, Belle Mead, New Jersey 08502. (201) 359-3101.

May 14-16—**2½ Day Symposium on Mental Health.** UCSF. Thursday-Saturday.

RADIOLOGY—PATHOLOGY

January 31-Feb. 1—**Los Angeles Radiological Society—22nd Annual Midwinter Radiological Conference.** International Hotel, Los Angeles. Saturday-Sunday. Diagnosis, therapy, and nuclear medicine. $30. Contact: Arthur F. Schanche, M.D., 8618 So. Sepulveda, Suite 100, Los Angeles 90045.

March 1-6—**American Radium Society.** Hotel del Coronado, Coronado. Sunday-Friday. Uses of radiation and results in treatment of cancer and allied conditions. Contact: John V. Blady, M.D., Secretary, ARS, 2201 Benjamin Franklin Parkway, Philadelphia 19130. (215) 564-4741.

March 3-7—**Diagnostic Radiology.** UCSF. Tuesday-Saturday. Primarily for residents in radiology. Radiological physics, with attention given to the requirements of the American Board of Radiology. 27 hrs.

March 9—**Granulomatous Colitis in Association with Diverticula.** UCSF Department of Radiology and the San Francisco Radiological Society. Monday 8 p.m. Contact: M. B. Ozonoff, M.D., Assistant Prof. of Radiology, UCSF. (415) 648-8200, ext. 414.

April 1-5—**Clinical Cytology for Pathologists.** UCSF at St. Francis Hotel, San Francisco. Wednesday-Sunday. Intensive study in the techniques and interpretation of cytologic specimens. Appropriate separations for the respective fields.

April 17-30—**Radiology of the Gastrointestinal Tract.** USC, Princess Carla Cruise to Mexico from Los Angeles. Two weeks. $200.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously — **Mammography.** UCSF Mammography Section, Department of Radiology. Three days weekly, beginning with Tuesday. Call several days in advance. Contact: Richard H. Gold, M.D., Mammography Section, Department of Radiology, UCSF. (415) 666-1918.

Grand Rounds—Radiology

Fridays

Neuroradiology Grand Rounds. 9:30 a.m., Neurology Conference Building 7, V.A. Hospital, Palo Alto, STAN.

SURGERY—includes Anesthesiology

January 17-18—**Cadaver Course.** Research Study Club of Los Angeles at USC. Saturday 2-5 p.m.; Sunday 9 a.m.-3 p.m. Surgical Anatomy of the Orbit and Adnexa, Individual Dissection. Limited to 20 applicants attending the Thirty-Ninth Annual Mid-Winter Convention in Ophthalmology and Otolaryngology. $50. 8 hrs. Contact: Burns C. Steele, M.D., Secretary, Research Study Club of Los Angeles, 1411 W. Olive Ave., Burbank 91506. (213) 846-3614.

January 19-23—**Research Study Club of Los Angeles—39th Annual Mid-Winter Convention in Ophthalmology and Otolaryngology.** Statler Hilton Hotel, Los Angeles. Monday-Friday. Simultaneous lectures in Otolaryngology and Ophthalmology. $100. 25 hrs. Contact: Burns C. Steele, M.D., Secretary, Research Study Club of Los Angeles, 1411 W. Olive Ave., Burbank 91506. (213) 846-3614.

January 23-25—**Pediatric Anesthesiology—8th Annual Clinical Conference.** Childrens Hospital of Los Angeles. Friday-Sunday. Pre-anesthetic evaluation, methods of induction, choice of agent, pharmacology, iatrogenic diseases, and postoperative care. $75. 7 hrs. Contact: Wayne Herbert, M.D., Division of Anesthesiology, Childrens Hospital of Los Angeles, P.O. Box 54700, Los Angeles 90054. (213) 663-3341.

January 26-30—**Techniques in Nasal Surgery.** UCLA. Monday-Friday. Observation of dissection of cadaver material and videotaped surgical procedures. Patient selection; photography—pre- and post-operative; facial analysis; basic rhinoplasty; hump removal—lateral and medial osteotomies; lobule techniques; nasal physiology; surgical techniques; septal surgery; complications of rhinoplasties grafts; trauma—nasal and ear; otoplasties; synthetic injections. $350. 30 hrs.

February 1-4 — **Surgical Anatomy.** LLU. Sunday-Wednesday. $150. 32 hrs.

February 7 — **Surgical Emergencies.** PMC. Saturday 8-4:30. Morning session: Monitoring and Management of Shock. Afternoon: Selected and control problems, workshop including case studies and exercises involving blood and gas data, venous pressures. $40. 8 hrs.

February 7—**Pediatric Urology—The Dilated Ureter; The Uncoordinated Bladder.** See Pediatrics, February 7.

February 25-March 1—**Controversial Areas in Surgery.** UCLA at El Mirador Hotel, Palm Springs. Wednesday-Saturday. Upper intestinal bleeding, treatment of bleeding esophageal varices, pancreatic-duodenectomy, breast cancer surgery, Hirschprung's Disease, toxic megacolon and fulminant colitis, lower gastrointestinal bleeding, pulmonary embolism, organ transplantation, automated multiphasic laboratory screening, recurrent intestinal obstruction, cancer of the rectum, cancer of the thyroid. $125.

March 13-14—**Surgical Symposium — Changing Concepts in Surgery.** Southern California Permanente Medical Group and Kaiser Foundation Hospitals at Newporter Inn, Newport Beach. Friday-Saturday. Contact: Shirley Gach, Rm. 6014, So. Calif. Permanente Med. Group, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.

March 14-15—**Techniques of Surgery of the Foot.** UCLA. Saturday-Sunday.

March 25-28—**Neurosurgical Society of America.** Ojai Valley Inn, Ojai, Calif. Wednesday-Saturday. Contact: William F. Collins, M.D., Secretary, NSA, 789 Howard Avenue, New Haven, Conn. 06510. (203) 436-1212.

April 8-9 — **Medical Surgical Gastroenterology.** See Medicine, April 8-9.

April 9-10—**General Surgery.** UCSF at St. Francis Hotel, San Francisco. Thursday-Friday.

April 11-12—**Los Angeles County Society of Anesthesiologists—15th Annual Postgraduate Assembly.** Los Angeles Hilton Hotel. Saturday-Sunday. Contact: Los Angeles County Society of Anesthesiologists, 8422 Jamieson Street, Northridge 91324.

Grand Rounds—Surgery

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

Thursdays

Neurology and Neurosurgery Grand Rounds. 11:00-12:15. Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., Neurology Conference Building 7, V.A. Hospital, Palo Alto, STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego. UCSD.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

CMA Postgraduate Institutes and Circuit Courses

January 24—**West Coast Postgraduate Course, San Luis Obispo.** CMA and UCI at Sierra Vista Hospital and San Luis Obispo General Hospital. Saturday. Enzymes Diagnosis and Thyroid Treatment. $10. Contact: CMA.

January 29-30 — **Southern Counties Regional Postgraduate Institute.** CMA, STAN, and Southern Counties Medical Societies at El Mirador Hotel, Palm Springs. Thursday-Friday. Thursday a.m.: Acute Injuries of Hands and Face, Acute Cardiac Emergencies and Their Management. Thursday afternoon: The Comatose Patient, Acute Urological Problems. Friday a.m.: Acute Emergencies in the Infant and Child, Shock, Cranial and Spinal Cord Injuries, Acute Pulmonary Problems. Friday afternoon: Symposium on the Multiple Injured Patient. $20. 12 hrs. Contact: CMA.

February 9, 10, 11-March 2, 3, 4 — **Annual Postgraduate Circuit Courses — Spring Session.** CMA and STAN at Mt. Shasta Community Hospital, Mt. Shasta; Enloe Memorial Hospital, Chico; and Auburn Faith Hospital, Auburn. Radiotherapy and Cancer Management; Depression—Disease and Symptom; Pathology—Past, Present and Future; and Injuries of the Hands and Face. $20 for Spring Session. Contact: CMA.

April 2-3—**West Coast Counties Regional Postgraduate Institute.** CMA, UCD and Monterey County Medical Society at Del Monte Hyatt House, Monterey. Thursday-Friday. Endocrine Problems with Children (including Diabetes), Infectious Diseases, Cardiac Disease and its Rehabilitation, the Physician and Family Problems. $20. 11 hrs. Contact: CMA.

May 8-9—**San Joaquin Valley Counties Regional Postgraduate Institute.** CMA, USC, and Fresno County Medical Society at Ahwahnee Hotel, Yosemite. Friday-Saturday. Concurrent symposia in Adolescent Medicine, Coronary Care, Sensitivity Training, and Problems in the Practice of Medicine. $20. Contact: CMA.

May 15-16 — **Redwood Regional Conference.** CMA, UCSF at Konocti Harbor Inn, Clear Lake. Friday-Saturday. The Anemias and Musculo/Skeletal Conditions in Daily Practice. $20.

January 15-16—**New and Old Antibiotics.** USC. Thursday-Friday. Geared to the internist, general practitioner, and pediatrician. $40.

January 19-30—**Intensive Review for Family Practice.** USC. Two weeks. Geared for the individual in general or family practice. Comprehensive review of basic principles, new concepts of disease. $150.

January 20-April 7—**Psychiatric Principles in a Medical Practice.** See Psychiatry, January 20-April 7.

January 21-23—**Hyperbaric Medicine and Allied Topics.** The Hospital of the Good Samaritan Medical Center, Los Angeles. Wednesday-Friday. Contact: John M. Workman, M.D., Dir., Hyperbaric Unit, The Hospital of the Good Samaritan Medical Center, 1212 Shatto Street, Los Angeles 90017. (213) 482-8111.

January 21-April 29—**Clinical Psychiatry for Non-Psychiatrists: A Course in Medical Psychotherapy.** UCSF. Wednesdays 1-5:00. Open to physicians and paramedical specialists, enrollment limited to 14. Weekly interviews with psychiatric patients, supported by individual hours of faculty consultation and joint treatment reviews of all patients and seminars. Seminars will cover diagnosis and management of psychiatric emergencies, psychiatric illness in children, testing, and community psychiatry. $25. 60 hrs.

January 25—**What Insurance Is All About, A Symposium for Medical Assistants.** UCSF. Sunday. 5 hrs.

January 26-March 6 — **Mission Orientation Program.** LLU and LLU School of Public Health. Six week program to include tropical medicine, personal health and tropical hygiene, cultural anthropology, practical linguistics, dynamics of interpersonal relationships, seminar discussion by veteran missionaries and others with overseas experience, opportunity to study other areas of personal interest. $175. Contact: Herschel C. Lamp, M.D., Dir., Mission Orientation Program, School of Public Health, LLU. (714) 796-8333.

January 31-February 1 — **Eighth Scientific Seminar Program.** Memorial Hospital of Southern California, Memorial Hospital of Gardena, and Brotman Foundation of California at Beverly Hilton Hotel, Beverly Hills. Saturday-Sunday. Coma, Adolescent Medicine and Chaos, The Patient with Disordered Blood Coagulation, Arthritis—1970. $15. Contact: David M. Brotman, M.D., Secretary, Seminar Committee, Memorial Hospital of Southern California, 3828 Hughes Ave., Culver City 90230. (213) 834-3111.

February 6-8—**Financial, Tax, and Investment Planning.** UCLA. Friday- Sunday.

February 6-8—**Drug Abuse.** UCSF at Flamingo Hotel, Santa Rosa. Friday-Sunday. Historical aspects, marijuana, alcoholism, stimulants and depressants, hallucenogens and the psychedelic experience, narcotic addiction, changing patterns of drug abuse, sociological and cultural factors. $15. 9 hrs.

February 7—**Suicide.** UCSF. Saturday 9-4:30. Degrees of responsibility in suicide; individual, religious, social, legal, and accidental aspects. 6 hrs.

February 7 — **Cardiac Emergencies.** PMC. Saturday. Therapy of intractable heart failure, modern concepts of shock, and emergencies arising in the infant. $35. 8 hrs.

February 11-12—**Critical Care Medicine and Circulatory Shock.** USC. Wednesday-Thursday. For the general practitioner, internist, general surgeon and surgical specialist. $50.

February 11-13 — **Course for Physicians in General Practice.** UCSF at Mt. Zion Hospital and Medical Center, San Francisco. Wednesday-Friday. Geriatrics; allergy; endocrinology; cardiovascular topics; pediatrics; elective sessions in anesthesiology, basic electrocardiography, vector approach; rehabilitation in strokes and other neurological diseases; clinical workshops. 20 hrs.

February 12-14—**Conference and Exposition on Electronics in Medicine.** Electronics Management Center in association with the McGraw Hill Publications at Fairmont Hotel, San Francisco. Thursday-Saturday. Contact: James P. Roscow, Electronics/Management Center, New York. (212) 971-6757.

February 15—**Hollywood Community Hospital Annual Symposium.** Sheraton-Universal Hotel, Hollywood. Sunday. Contraceptive and Sexual Problems. Contact: Viola Kindstrand, Symposium Secretary, Hollywood Community Hospital, 6245 de Longpre Ave., Hollywood 90028. (213) 462-2271.

February 15-19—**Loma Linda University School of Medicine, Alumni Association—Postgraduate Convention.** Ambassador Hotel, Los Angeles, and LLU. Sunday-Thursday. Sunday-Monday: Refresher course, LLU. Tuesday-Thursday: Scientific Assembly, Ambassador Hotel. Contact: Samuel H. Fritz, M.D., General Chairman, Alumni Postgraduate Convention for 1970, LLU.

February 26-April 30—**Teaching Clinics in Psychiatry.** See Psychiatry, February 26-April 30.

February 28—**Problems in Social Change Reflected in Medical Practice.** UCSF at Herrick Memorial Hospital, Oakland. Saturday. 6 hrs.

February 28-March 1 — **The Physician and Athletics.** UCSF. Friday-Saturday.

March 7-11—**California Medical Association—Annual Scientific Assembly.** Hilton Hotel, San Francisco. Saturday-Wednesday. General Sessions: Saturday p.m.: Family Practice. Sunday p.m.: Manpower. Monday p.m.: Systems of Delivery. Tuesday p.m.: Birth Defects. Guest Speakers for General Sessions include: Lynn P. Carmichael, M.D., University of Miami School of Medicine; Mike Gorman, National Committee Against Mental Illness; Jerome Pollack, Associate Dean for Medical Care Planning, Harvard Medical School; Henry K. Silver, M.D., Professor of Pediatrics, University of Colorado Medical Center; Eugene A. Stead, Jr., M.D., Duke University Medical Center. Assembly includes special conferences, section meetings, and medical motion picture symposia daily. More complete program listing elsewhere in this issue.

March 19-20 — **Postgraduate Seminar and Clifford Sweet Memorial Lecture.** Childrens Hospital of Oakland. Thursday-Friday. Sex Education for Physicians. Contact: Inetta Carty, Childrens Hospital of Oakland, 51st and Grove Streets, Oakland 94609. (415) 654-5600.

March 21—**Psychiatric Perspectives in Medicine—An Introduction to Family Evaluation and Family Intervention.** UCSF at Stockton State Hospital, Stockton. Saturday. Principles of family organization, methods of family assessment, demonstration of family interview.

March 25-26 — **Los Angeles County Heart Association and Los Angeles Academy of General Practice—Seventh Annual Spring Symposium for Physicians Practicing General Medicine.** Wednesday-Thursday. Contact: Joe Kennelly, Director, Public Information, LACHA, 2405 W. Eighth Street, Los Angeles 90057. (213) 385-4231.

April 17-18—**Infectious Diseases.** UCSF. See Pediatrics, April 17-18.

April 19—**Office Emergencies: A Symposium for Medical Assistants.** UCSF. Sunday.

April 25-26—**Comparative Medicine.** UCSF. Saturday-Sunday. Professionals in the fields of veterinary medicine, pediatrics, public health and microbiology.

April 25-26—**Sex in Modern Society.** UCSF at Flamingo Motor Hotel, Santa Rosa. Saturday-Sunday.

May 1-2—**Trauma.** UCSF at Mary's Help Hospital, Daly City. Friday-Saturday.

May 3-9—**Hawaii Medical Association.** Hawaiian Village, Honolulu. Sunday-Saturday. Contact: Miss Lee McCaslin, Exec. Sec., HMA, 510 Beretania Street, Honolulu 96813. (808) 536-7702.

Continuously—**Audio-Digest Foundation.** A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Anesthesiology, Ophthalmology. Catalog of lectures and panel discussions in all areas of medical practice also available. Contact: Mr. Claron L. Oakley, Editor, 619 S. Westlake Ave., Los Angeles 90057.

TELEVISION

Southern California's Medical Television Network. UCLA. Weekly broadcasts, Tuesdays 8:30 a.m. Contact: UCLA Medical Television Network. (213) 825-1341.

January 20—**Post Hospital Care of the Cancer Patient.** UCLA and City of Hope National Medical Center.

January 27—**Placebos.** University of Western Ontario, Canada.

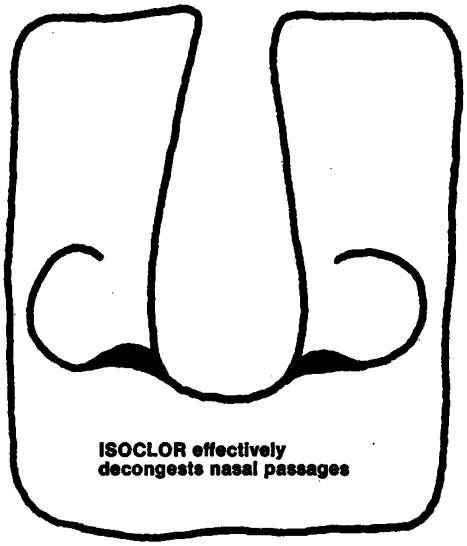
February 3—**The Transient Ischemic Stroke.** UCLA and CRMP Area I.

February 10—**Rheumatoid Arthritis.** British Broadcasting Company.

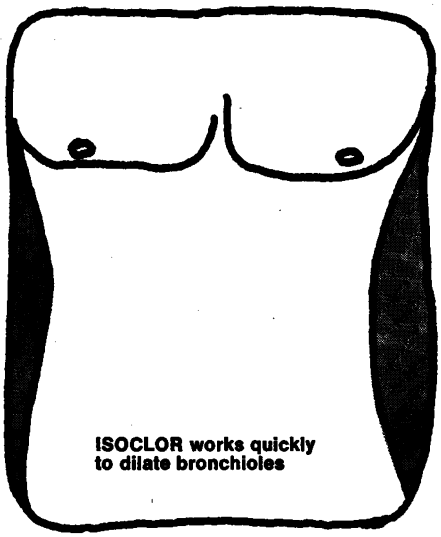
February 17—**Venereal Disease.** UCLA School of Medicine.

February 24—**Allergy Report.** University of Western Ontario, Canada.

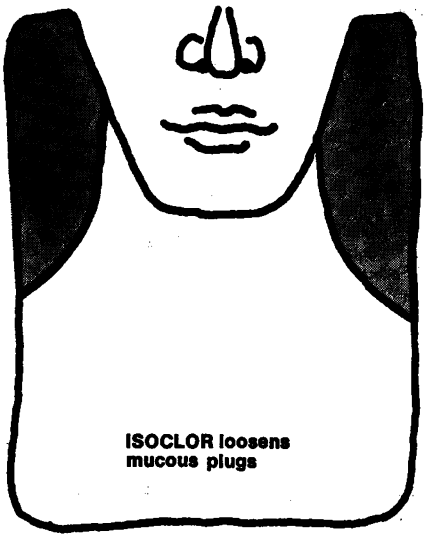
HERE ARE THE COLD FACTS:



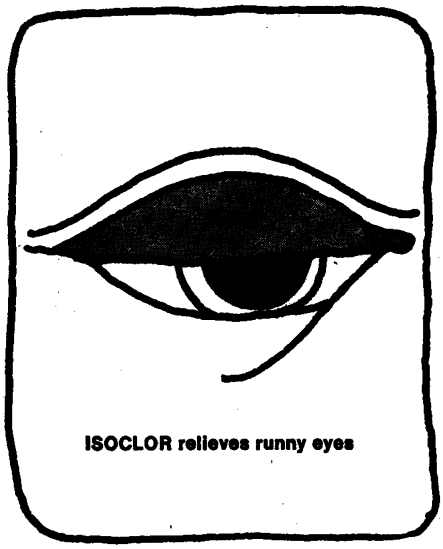
ISOCLOR effectively decongests nasal passages



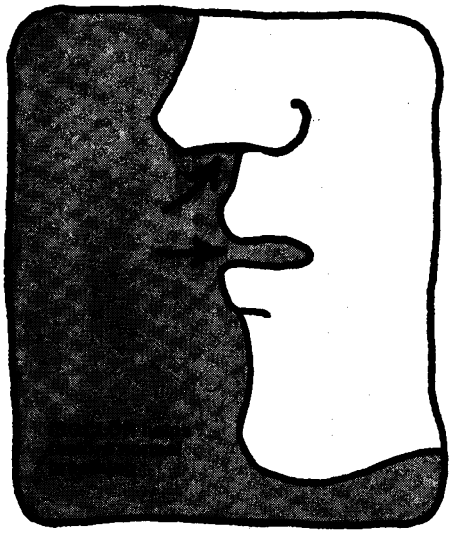
ISOCLOR works quickly to dilate bronchioles



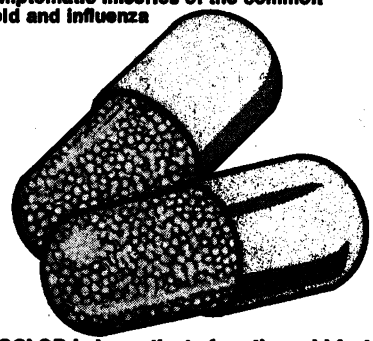
ISOCLOR loosens mucous plugs



ISOCLOR relieves runny eyes



ISOCLOR promptly and effectively combats symptomatic miseries of the common cold and influenza



ISOCLOR helps patients face the cold facts

ISOCLOR®

Isoclor provides quick, long lasting relief of respiratory congestion and discomfort brought on by common colds, influenza, and allergies. Isoclor contains chlorpheniramine maleate — one of the most potent and safest antihistamines. And pseudoephedrine HCl — a decongestant bronchodilator providing effective and long lasting relief for the entire respiratory tract. Both work to extend the range of relief.

COMPOSITION: Each tablet or 2 teaspoonfuls of liquid contains:
Chlorpheniramine Maleate.....4 mg.
Pseudoephedrine HCl.....25 mg.

Each ISOCLOR Timesule contains:

Chlorpheniramine Maleate.....10 mg.
Pseudoephedrine HCl.....65 mg.
In a special pellet form providing both prompt and sustained effect.

INDICATIONS: For symptomatic relief of colds, hay fever, allergic conjunctivitis, perennial rhinitis of allergic origin and sinusitis. Opens nasal, sinus and bronchial passages orally.

CONTRAINDICATIONS: Sensitivity to antihistamines or sympathomimetic agents. Severe hypertension or severe cardiac disease.

PRECAUTIONS: Use with caution in patients suffering with hyperthyroidism. Patients susceptible to the soporific effects of chlorpheniramine should be warned against driving or operating machinery should drowsiness occur.

CAUTION: Federal law prohibits dispensing without prescription.

SUPPLIED: Tablets: Bottles of 100 and 1000. Liquid: 4 oz. bottles, pints, and gallons; Timesules: Bottles of 50, 250, and 1000.

DOSAGE AND ADMINISTRATION:	Tablets	Liquid	Timesule
Adults:	1 q. 4 h.	2 tsp. q. 3-4 h.	1 q. 12 h.
Children 6-12 years:		1 tsp. q. 3-4 h.	
40-50 pounds:		¾-1 tsp. q. 3-4 h.	
30-40 pounds:		½-¾ tsp. q. 3-4 h.	
20-30 pounds:		¼-½ tsp. q. 3-4 h.	
15-20 pounds:		⅛-¼ tsp. q. 3-4 h.	

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Each effervescent tablet supplies: 2.5 Gm. potassium bicarbonate (25 mEq. elemental potassium), 2.1 Gm. citric acid, cyclamic acid

Three clinical studies* confirm the effectiveness of good tasting K-Lyte as a source of supplemental potassium to increase low levels of serum potassium and to maintain normal levels. Patients were on continuous diuretic therapy and salt-restricted diets. K-Lyte dosage was one tablet b.i.d.

Serum Potassium Levels (in mEq./L)

Number of patients	Mean initial value	Mean final value
14	3.23	4.83
16	3.50	4.40
25	4.52	4.47

K-Lyte can offer effective potassium supplementation without the gastrointestinal complications sometimes associated with potassium chloride tablets and thiazide-potassium chloride combination therapy. Effervescent K-Lyte is taken in solution, speeding up absorption to avoid these hazards.

Composition: Each tablet contains potassium bicarbonate (2.5 Gm.), citric acid (2.1 Gm.), cyclamic acid, artificial flavor and color.
Contraindications: When renal function is impaired, or if the patient has Addison's disease, potassium supplementation should not ordinarily be instituted.
Precautions: Should not be used in patients with low urinary output unless under the supervision of a physician. In established hypokalemia, attention should be directed toward correction of frequently associated hypochloremic alkalosis and other potential electrolyte disturbances. Patients should be directed to dissolve tablet in stated amount of water to assure against gastrointestinal injury associated with the oral ingestion of concentrated potassium salt preparations.
Side Effects: While nausea has been reported in an occasional patient, K-Lyte produces no serious side effects when given in recommended doses to patients with normal renal function and urinary output. Potassium intoxication causes listlessness, mental confusion, tingling of the extremities and other symptoms associated with a high concentration of potassium in the serum.
Administration and Dosage: K-Lyte effervescent tablets must be dissolved in 3 to 4 ounces of water before taking. Adults: 1 tablet 2 to 4 times daily, depending on the requirements of the patient. Two tablets (50 mEq. of elemental potassium) supply the approximate normal adult daily requirement.
How Supplied: Effervescent tablets—boxes of 30 and 250 (orange or lime).

*Reports on file: Medical Research Department, Mead Johnson Laboratories, Evansville, Indiana 47721

Mead Johnson
LABORATORIES

Contraindications: Edema; danger of cardiac decompensation; history or symptoms of peptic ulcer; renal, hepatic or cardiac damage; history of drug allergy; history of blood dyscrasia. The drug should not be given when the patient is senile or when other potent drugs are given concurrently. Large doses of the alka formulation are contraindicated in glaucoma.

Warning: If coumarin-type anticoagulants are given simultaneously, watch for excessive increase in prothrombin time. Instances of severe bleeding have occurred. Persistent or severe dyspepsia may indicate peptic ulcer; perform upper gastrointestinal x-ray diagnostic tests if drug is continued. Pyrazole compounds may potentiate the pharmacologic action of sulfonylurea, sulfonamide-type agents and insulin. Carefully observe patients receiving such therapy. Use with caution in the first trimester of pregnancy and in patients with thyroid disease.

Precautions: Before prescribing, carefully select patients, avoiding those responsive to routine measures as well as contraindicated patients. Obtain a detailed history and a complete physical and laboratory examination, including a blood count. Patients should not exceed recommended dosage, should be closely supervised and should be warned to discontinue the drug and report immediately if fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools or other evidence of intestinal hemorrhage occur. Make complete blood counts at weekly intervals during early therapy and at 2-week intervals thereafter. Discontinue the drug immediately and institute countermeasures if the white count changes significantly, granulocytes decrease, or immature forms appear. Use greater care in the elderly and in hypertensives.

Adverse Reactions: The more common are nausea and edema. Swelling of the ankles or face may be minimized by withholding dietary salt, reduction in dosage or use of diuretics. In elderly patients and in those with hypertension the drug should be discontinued with the appearance of edema. The drug has been associated with peptic ulcer and may reactivate a latent peptic ulcer. The patient should be instructed to take doses immediately before or after meals or with milk to minimize gastric upset. Drug rash occasionally occurs. If it does, promptly discontinue the drug. Agranulocytosis, exfoliative derma-

Sandy sails again!
After an arthritic flare-up.

His rheumatoid arthritis flared out of aspirin control. It meant weeks of pain, stiffness, swelling and tenderness...and a lot of sun and wind that somebody else took advantage of.

Next time, after aspirin, consider Butazolidin alka:
prompt anti-inflammatory effectiveness
short trial period
low maintenance dosage
usual dosage: 1 capsule q.i.d. initially, then 1 or 2 daily

Butazolidin® alka

100 mg. phenylbutazone
100 mg. dried aluminum hydroxide gel
150 mg. magnesium trisilicate

Serious side effects can occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings and contraindications. Read the prescribing information. It's summarized below.

titis, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), or a generalized allergic reaction similar to serum sickness may occur and require permanent withdrawal of medication. Agranulocytosis can occur suddenly in spite of regular, repeated normal white counts. Stomatitis and, rarely, salivary gland enlargement may require cessation of treatment. Such patients should not receive subsequent courses of the drug. Vomiting, vertigo and languor may occur. Leukemia and leukemoid reactions have been reported. While not definitely attributable to the drug, a causal relationship cannot be excluded. Thrombocytopenic purpura and aplastic anemia may occur. Confusional states, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hyperglycemia, hepatitis, jaundice, hypersensitivity angiitis, pericarditis and several cases of anuria, glomerulonephritis and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently. Moderate lowering of the red cell count due to hemodilution may occur.

Dosage in Rheumatoid Arthritis: Initial: 3 to 6 capsules daily in 3 or 4 equal doses. Trial period: 1 week. Maintenance dosage should not exceed 4 capsules daily; response is often achieved with 1 or 2 capsules daily. In selecting the appropriate dosage in any specific case, consideration should be given to the patient's weight, general health, age and any other factors influencing drug response. (B)46-070-C

For complete details, please see full prescribing information.

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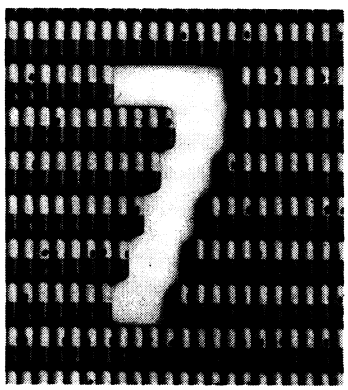

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BU-6963

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VASODILAN®

(ISOXSUPRINE HCl)

■ acts directly to relax arterial musculature
■ measurably increases blood flow to deep muscle arteries[1-3]
■ improves walking ability, relieves rest pain[3-5]
■ is not contraindicated in coronary disease, diabetes, or peptic ulcer[3,6,7]

to guide you in prescribing Vasodilan

Although not all clinicians agree on the value of peripheral vasodilators,[8-10] several investigators[3,6] have reported favorably on the effects of isoxsuprine on peripheral blood flow in skeletal muscle vessels. Effects have been demonstrated both by objective measurement[1,6,11] and observation of clinical improvement.[3-5,12]

Indications: Arteriosclerosis obliterans, diabetic vascular diseases, thromboangiitis obliterans (Buerger's disease), Raynaud's disease, postphlebitic conditions, acroparesthesia, frostbite syndrome and ulcers of the extremities (arteriosclerotic, diabetic, thrombotic). **Composition:** VASODILAN tablets, isoxsuprine hydrochloride 10 mg. **Dosage:** Oral—10 to 20 mg. (1 or 2 tablets) t.i.d. or q.i.d. **Contraindications and Cautions:** There are no known contraindications to recommended oral dosage. Do not give immediately postpartum or in the presence of arterial bleeding. **Side Effects:** Occasional palpitation and dizziness can usually be controlled by dosage reduction. As intramuscular administration of 10 mg. or more may cause brief hypotension and tachycardia, single intramuscular doses exceeding this amount are not recommended. Complete details available in product brochure from Mead Johnson Laboratories.

References: (1) Stein, I. D.: Angiology *15*:1 (April) 1964. (2) New Drugs–Evaluated by the A.M.A. Council on Drugs, Chicago, American Medical Association, 1967, pp. 295-297. (3) Kaindl, F.; Pärtan, J., and Polsterer, P.: Wien. klin. Wchnschr. *68*:186-191 (March 16) 1956. (4) Frieh, C., and Olivier, L.: Lyon Med. *91*:891-896 (May 24) 1959. (5) Weghaupt, Von K.: Wien. klin. Wchnschr. *69*:31-32 (Jan. 11) 1957. (6) Kaindl, F.; Samuels, S. S.; Selman, D., and Shaftel, H.: Angiology *10*:185-192 (Aug.) 1959. (7) Samuels, S. S., and Shaftel, H. E.: J. Indiana M. A. *54*:1021-1023 (July) 1961. (8) Myers, K. A.: Modern Treatment *4*:370-383 (March) 1967. (9) Gillespie, J. A.: Angiology *17*:280-288 (May) 1966. (10) Smit, Arne, F., *et al.*: Nordisk Medicin *20*:1260, 1959. (11) Samuels, S. S., and Shaftel, H. E.: JAMA *171*:142-145 (Sept. 12) 1959. (12) Clarkson, I. S., and LePere, D. M.: Angiology *11*:190-192 (June) 1960.

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Microphoto of small artery occlusions in a toe amputated because of severe arteriosclerosis obliterans. Cast was made by injecting acrylic plastic into the vessels. The occluded vessels measure about 30 to 50 microns in diameter. *Used with permission. Courtesy of Margaret C. Conrad, Ph.D., Department of Physiology, Bowman-Gray School of Medicine, Wake Forest College, Winston-Salem, N. C.*

Because any urologic infection can be serious. **-BREON** introduces potent therapy

for the strong start and a fast finish...

"...a significant gap appears to have been closed in the armory of drugs available to the urologist."[1]
Bacteriuria and symptoms can be eliminated within 48 to 72 hours: susceptible infection often in 10 to 14 days.

R1

before your "minor" becomes a major problem

choice initial treatment for urinary infections

Cybis® (nalidixic acid) provides prompt broad gram-negative bactericidal activity at normal urinary pH range that can eradicate troublesome *E. coli*, Aerobacter and Proteus. A good starting drug, it can effectively accelerate management of infection due to sensitive organisms.

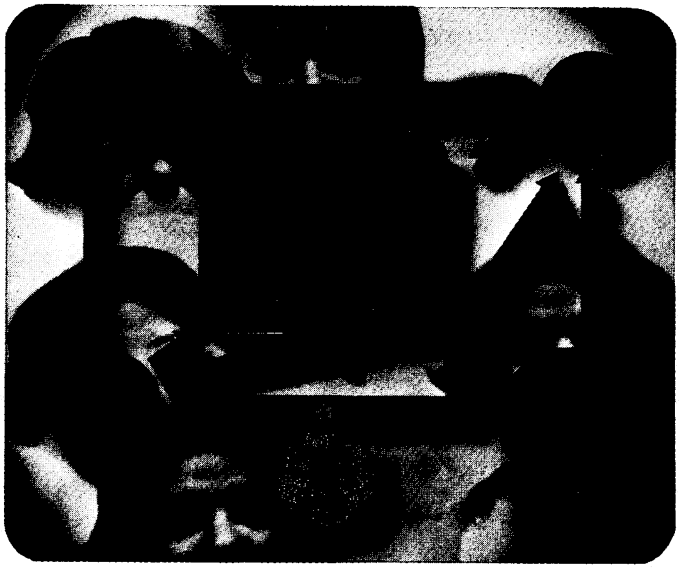
essential control within the primary 72-hour cycle

In cases of acute infection due to susceptible organisms, Cybis works well toward the rapid clearing of disease when obstruction is absent or can be relieved. Within 48 to 72 hours, symptoms are frequently eased and bacteriuria eliminated. Susceptible infection is often eradicated in 10 to 14 days.

blocks the young female progression of infection

Cybis can be useful in naturally susceptible young female patients with new or well-established urinary disturbances. Combining rapid potency with relative freedom of serious side reactions and toxicity, the drug can be of particular value in preventing higher tract involvement or blocking the possible continuum of disease. (See Chart)

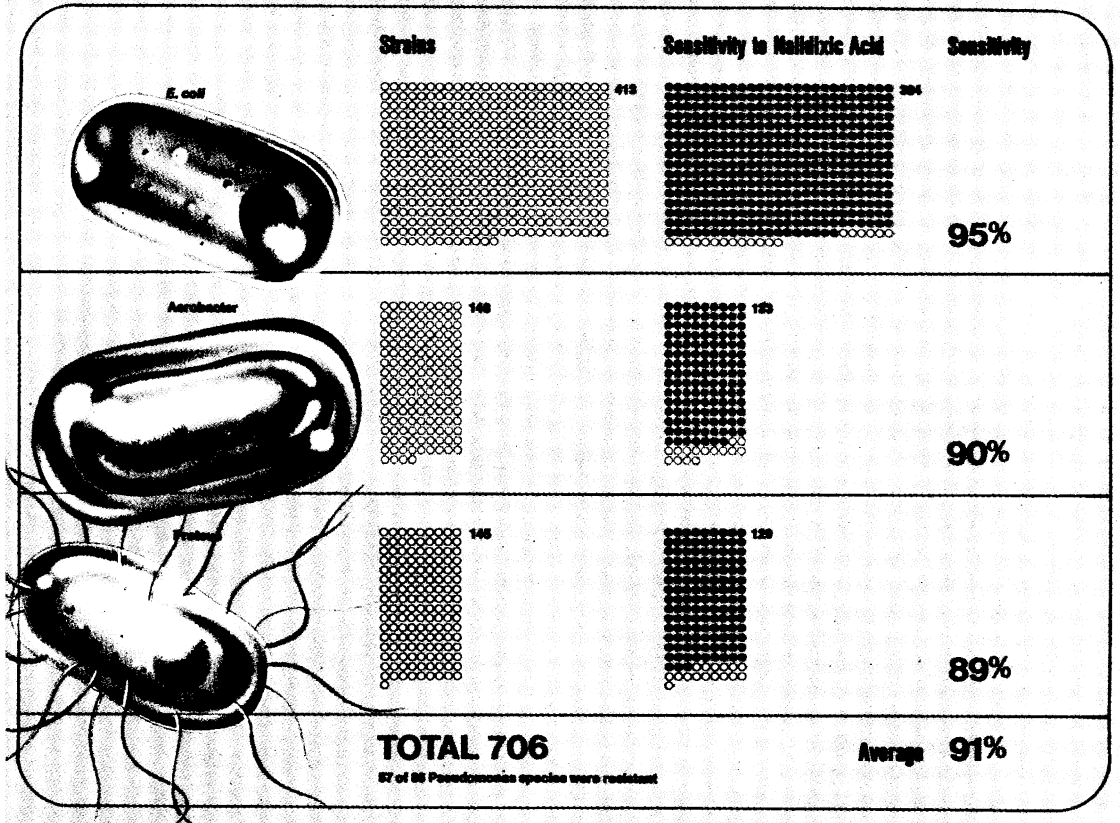
Kinetic Relationship of Acute and Chronic Bacterial Pyelonephritis to Chronic Renal Disease[2]



consistent activity against 706 gram-negative strains

In vitro testing of *E. coli*, Aerobacter and Proteus species showed better than 90% sensitivity to nalidixic acid.[3] (See Table)

Better Than 90% Sensitivity Among 3 Common Urinary Invaders



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Cybis®
(nalidixic acid)

for the strong start and a fast finish... in cystitis, pyelonephritis, prostatitis, urethritis

Before prescribing, please consult complete product information, a summary of which follows on the next page, including indications, warning, precautions, adverse reactions and dosage.

Summary of prescribing information

Indications: Urinary tract infections in which species of sensitive gram-negative bacteria are predominant, particularly *Proteus, Escherichia coli, Aerobacter, Klebsiella,* and certain strains of *Pseudomonas.* Gram-positive bacteria are less sensitive to Cybis but favorable clinical results have been observed.

Warning: Use in Pregnancy. This drug is not recommended in the first trimester of pregnancy. However, it has been used in several patients during the last two trimesters without producing apparent ill effects in either mother or fetus.

Precautions: Although prolonged treatment with Cybis has been generally well tolerated, as with all new drugs it is advisable to carry out blood, renal, and liver function tests periodically if treatment is continued for more than one or two weeks. The dosage recommended for adults and children should not be arbitrarily doubled unless under the careful supervision of a physician. **It should be used with caution in patients with liver disease, epilepsy, or severe cerebral arteriosclerosis, and in patients in whom kidney function is severely impaired.** Patients should be cautioned to avoid unnecessary exposure to direct sunlight while receiving Cybis and, if a photosensitivity reaction occurs, therapy should be discontinued.

During treatment microorganisms may develop resistance to this drug. Resistant bacteria, not previously present or identified, may emerge. Cultures should be taken and bacterial sensitivity tests made periodically, particularly if the clinical response is unsatisfactory or if a relapse occurs. Should resistance develop, other specific chemotherapy should be instituted; no cross resistance has been observed. If new strains of bacteria that are not sensitive emerge, other effective antibacterial agents may be added. When Benedict's or Fehling's solutions or Clinitest® Reagent Tablets are used to test the urine of patients taking Cybis, a false-positive reaction for glucose may be obtained due to the liberation of glucuronic acid from the metabolites excreted. However, a colorimetric test for glucose based on an enzyme reaction (using, for example, Clinistix® Reagent Strips or Tes-Tape®) does not give a false-positive reaction to Cybis glucuronide.

Adverse reactions: Mainly mild nausea, vomiting, and other gastrointestinal disturbances: less frequently, sleepiness, drowsiness, weakness, headache, dizziness and vertigo, and rarely cholestasis, paresthesia, thrombocytopenia, leukopenia, or hemolytic anemia which in some patients may have been associated with deficiency in activity of glucose-6-phosphate dehydrogenase. Itching, pruritus, rash, urticaria, mild eosinophilia, reversible photosensitivity reactions primarily involving exposed surfaces, and reversible subjective visual disturbances (overbrightness of lights, change in visual color perception, difficulty in focusing, decrease in visual acuity and double vision), occurred occasionally. Reversible increased intracranial pressure with bulging anterior fontanel, papilledema, and headache have been observed occasionally in infants and children. Toxic psychosis and brief convulsions (the latter generally in patients with possible predisposing factors, and both usually associated with excessive dosage) have been recorded in rare instances.

Dosage and administration: *Adults*—Four Gm. daily by mouth (2 tablets of 500 mg. four times daily) for one to two weeks. Thereafter, if prolonged treatment is indicated, the dosage may be reduced to two Gm. daily (1 tablet of 500 mg. four times daily). *Children*—According to age and weight: approximately *25 mg. per pound* of body weight per day, administered in divided doses.

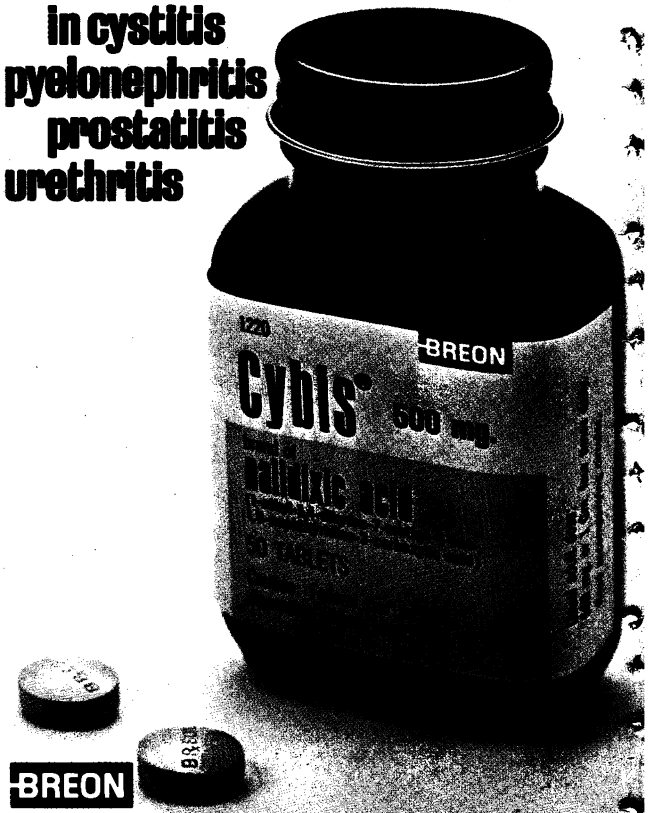
Note: The dosage recommended above for adults and children should not arbitrarily be doubled unless under the careful supervision of a physician. Until further experience is gained, infants under 1 month should not be treated with the drug.

How supplied: Tablets of 500 mg., bottles of 50.

Before prescribing, please refer to complete prescribing information.

Cybis®
(nalidixic acid)

for the strong start and a fast finish...
in cystitis
pyelonephritis
prostatitis
urethritis



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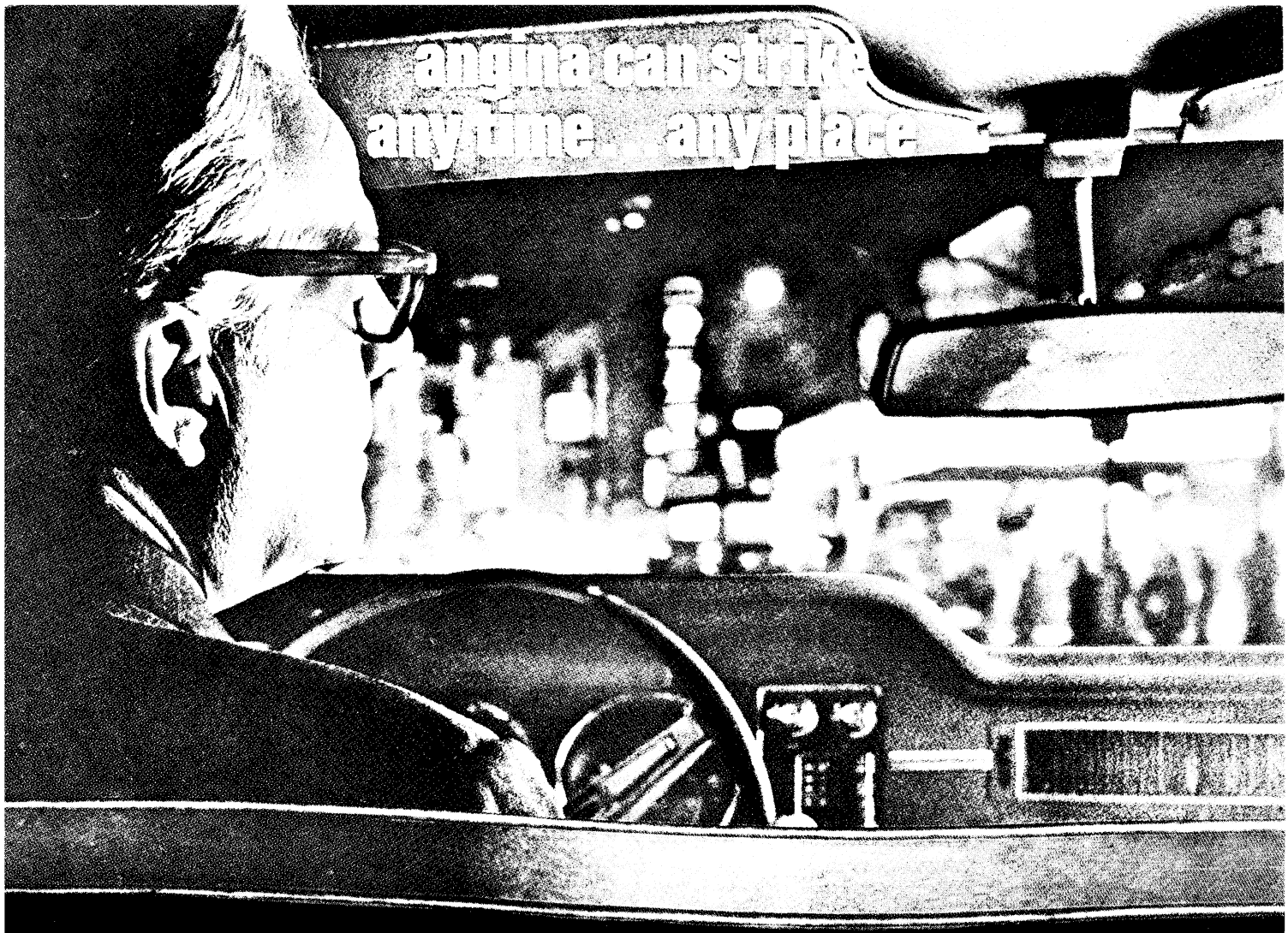

help protect your angina patients with ISORDIL® SUBLINGUAL (ISOSORBIDE DINITRATE)

Prescribe ISORDIL SUBLINGUAL (5-mg. tablets) for treatment of acute attacks or for prophylaxis when increased physical or emotional stress place an additional burden on your angina pectoris patients. ISORDIL SUBLINGUAL acts almost as fast as nitroglycerin, yet lasts hours longer. Reliable because it's stable.

ISORDIL® (isosorbide dinitrate) dilates coronary arteries and significantly reduces the number, duration and severity of angina attacks. Exercise tolerance is also increased in some patients.

Available in four additional dosage formulations to provide flexible management of your angina pectoris patients.

Prescribe ISORDIL® 10 mg. (scored, oral tablets) or ISORDIL® TEMBIDS® (40-mg. sustained action tablets) for basic prophylactic treatment of angina pectoris.

Prescribe ISORDIL® ORAL 5 mg. (scored, oral tablets) to facilitate small adjustments in dosage.

Prescribe ISORDIL® with PHENOBARBITAL when anxiety or emotional disturbances are important factors in the clinical picture. Each tablet contains 10 mg. isosorbide dinitrate and 15 mg. (¼ gr.) phenobarbital, U.S.P., *(Warning: Phenobarbital may be habit forming).*

INDICATIONS: *Sublingual*—for prevention and treatment of angina pectoris. *Oral*—for relief of angina pectoris (pain of coronary artery disease); the oral dosage forms are not intended to abort the acute anginal episode, but are widely regarded as useful in the prophylactic treatment of angina pectoris.

CONTRAINDICATION: Idiosyncrasy to this drug.

WARNING: Data supporting the use of nitrites during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

PRECAUTIONS: Intraocular pressure is increased; therefore, caution is required in administering to patients with glaucoma. Tolerance to this drug and cross-tolerance to other nitrites and nitrates may occur. In patients with functional or organic gastrointestinal hypermotility or malabsorption syndrome, it is suggested that either the ISORDIL ORAL 5 mg. or ISORDIL 10 mg. oral tablet or ISORDIL SUBLINGUAL be the preferred therapy. The reason for this is that a few patients have reported passing partially dissolved ISORDIL TEMBIDS in their stools. This phenomenon is believed to be on the basis of physiologic variability and to reflect rapid gastrointestinal transit of the sustained action tablet. *ISORDIL TEMBIDS should not be chewed.*

ADVERSE REACTIONS: Cutaneous vasodilation with flushing. Headache is common and may be severe and persistent. Transient episodes of dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension may occasionally develop. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents. An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite, and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur even with the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and/or exfoliative dermatitis may occasionally occur.

Consult direction circular before prescribing.

May we send you reprints, detailed information and/or professional samples?

TEMBIDS®—Trademark for Sustained Action Tablets

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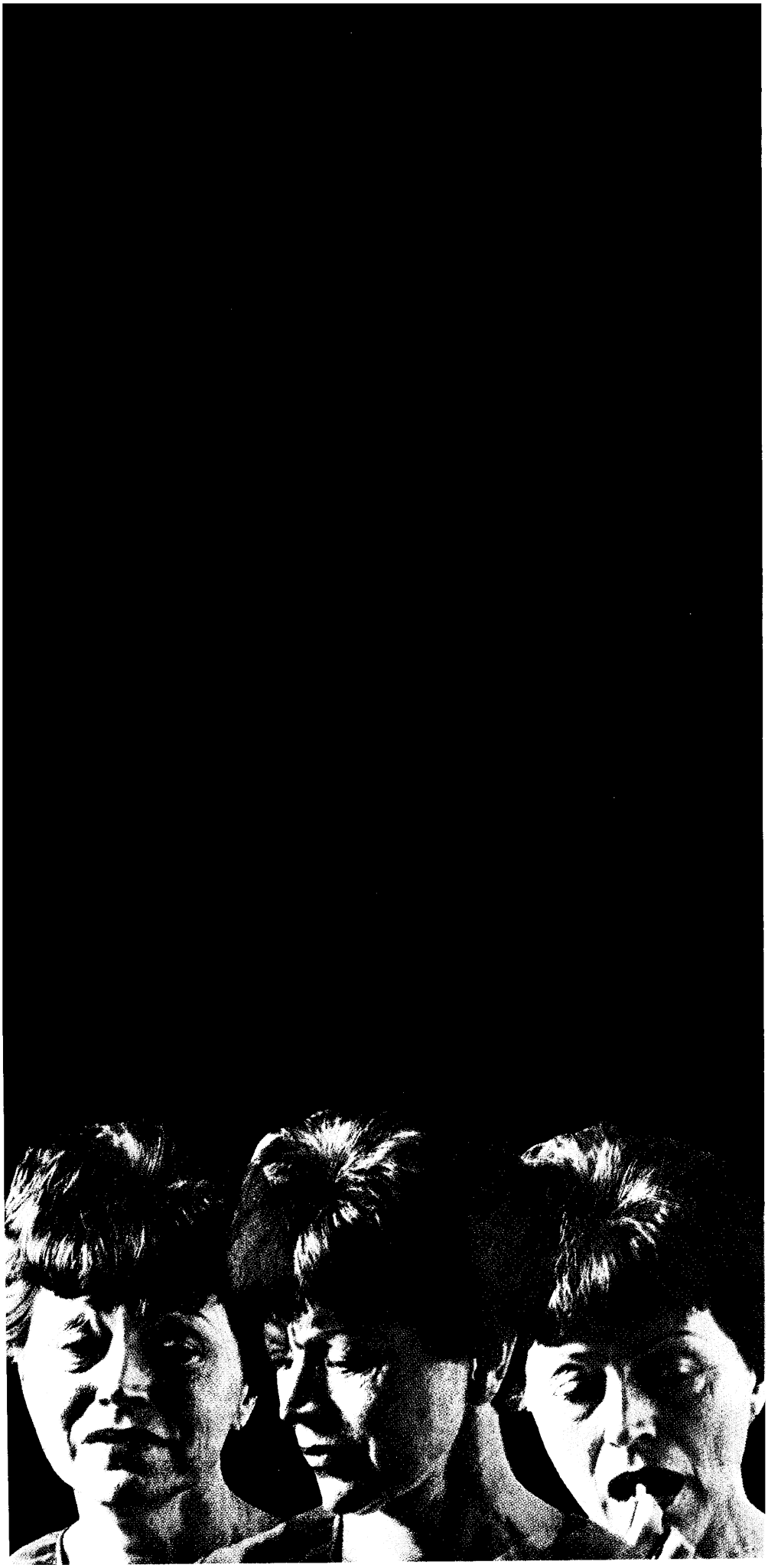


THE RESPONSE GAP

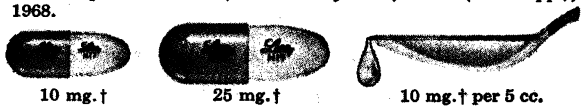
Symptom reduction often begins within the first week with AVENTYL® HCl
NORTRIPTYLINE HYDROCHLORIDE

All antidepressants take time to work. With Aventyl HCl, patients who will respond often begin to receive symptomatic relief within the first week of therapy. They may report sounder sleep, better appetite, increased interest, or other noticeable improvement in mood or activity.

In a study of two tricyclic drugs, "nortriptyline was associated with a more rapid symptom reduction during the first three weeks of treatment."* However, the author also reported that although some differences in response existed after three weeks, "they were no longer significant by the sixth week of treatment."* *Of course, maximum improvement with Aventyl HCl, as with other antidepressants, may require longer therapy, particularly in severe depressive illnesses.*

Aventyl HCl may help shorten the response gap . . . provides measurable symptomatic relief your patients often notice and appreciate.

*Mendels, J.: Comparative Trial of Nortriptyline and Amitriptyline in 100 Depressed Patients, Amer. J. Psychiat., *124*:59 (Feb. Supp.), 1968.



10 mg.† 25 mg.† 10 mg.† per 5 cc.

†base equivalent

AVENTYL® HCl
NORTRIPTYLINE HYDROCHLORIDE

Lilly

See next page for prescribing information.

900816

AVENTYL® HCl
NORTRIPTYLINE HYDROCHLORIDE

Description: Aventyl HCl is a safe and effective agent for treatment of mental depression, anxiety-tension states, and psychophysiological gastro-intestinal disorders. It is not a monoamineoxidase (MAO) inhibitor.

In laboratory animals, anticholinergic effects of Aventyl HCl are milder than those of related antidepressants.

Indications: Depressive reactions (alone or accompanied by anxiety) associated with such presenting symptoms as depression, anxiety, tension, insomnia, restlessness, disinterest, and irritability.

Psychophysiological gastro-intestinal disorders and symptomatic reactions in childhood (e.g., enuresis).

Contraindications: Hypersensitivity to the drug; concurrent use with a MAO inhibitor or use within two weeks after the MAO inhibitor is discontinued.

Warnings: Use in convulsive or hypotensive states should be closely followed by the physician.

At present, data are insufficient to recommend the drug during pregnancy. The possibility of a suicidal attempt in a depressed patient should always be considered.

There have been rare reports of agranulocytosis, jaundice, hypotension, tremor, urinary retention, thrombocytopenic purpura, and paralytic ileus. Periodic laboratory studies are recommended.

Cardiovascular complications, including myocardial infarction and arrhythmias, have been reported occasionally with related drugs. Patients with cardiovascular disease should be given Aventyl HCl under close observation and in low dosage. This drug, like members of its group, tends to produce sinus tachycardia and to prolong the conduction time, as manifested by first-degree AV block.

Precautions: Because of its anticholinergic activity, Aventyl HCl should be administered cautiously in patients with glaucoma or a propensity for urinary retention. Use Aventyl HCl with care in conjunction with sympathomimetic or anticholinergic drugs. Epileptiform seizures or troublesome patient hostility may occur. Aventyl HCl used alone in schizophrenic patients may result in an exacerbation of the psychosis.

Concomitant use of Aventyl HCl and ECT (with or without atropine, short-acting barbiturate, and muscle relaxant) has not been thoroughly studied. If these treatments are used together, the physician should be aware of possible added adverse effects.

Patients should be warned about the possibility of drowsiness if they operate dangerous machinery or drive a vehicle. Concurrent ingestion of other C.N.S. drugs or alcohol may potentiate the adverse effects of Aventyl HCl.

Patients receiving a tricyclic antidepressant (e.g., nortriptyline) may respond poorly to hypotensive agents such as guanethidine.

Adverse Reactions: The following have been observed or reported following the use of Aventyl HCl: dryness of mouth, drowsiness, constipation, dizziness, tremulousness, confusional state, ataxia, disorientation and hallucinations, restlessness, weakness, precipitation of hypomanic or manic state, tachycardia, blurred vision, epigastric distress, sweating, peculiar taste, black tongue, fatigue, excess weight gain or weight loss, insomnia, headache, paresthesia, nausea and vomiting, adynamic ileus, rash, itching, delayed micturition, hunger sensation, flushing, diarrhea, nocturia, inner nervousness, anxiety and panic, ankle and orbital edema, hypotension, hypertension, impotence, nightmares, palpitation, numbness, peripheral neuropathy, photosensitization, extrapyramidal symptoms, and increased or decreased libido.

Habituation or withdrawal symptoms have not been reported.

Administration and Dosage: Aventyl HCl is administered orally as Pulvules® or liquid. Dosage should be individualized. The following general principles are applicable.

Aventyl HCl is preferably given in gradually increasing doses: 1 Pulvule (10 mg.) twice the first day, 1 Pulvule three times the second day, and 1 Pulvule four times daily thereafter.

If neither beneficial nor adverse effects are seen after five to seven days with 10 mg. four times a day, the patient can be given 25 mg. twice the first day, 25 mg. three times the second day, and 25 mg. four times daily thereafter.

If minor side-effects develop, reduce the dosage. If side-effects of a more serious nature or allergic manifestations develop, discontinue the drug.

For mild symptoms of a depressive nature, give 10 mg. three or four times a day; for severe depressions, 100 mg. daily.

Dosages above 100 mg. daily seem to induce no greater degree of clinical response, but side-effects may increase.

Usual Recommended Dosage

ADULTS—20 to 100 mg. daily

Pulvules: 25 mg.—1 Pulvule one to four times daily
10 mg.—1 or 2 Pulvules one to four times daily

Liquid: 1 to 2 teaspoonfuls (5 to 10 cc.) one to four times daily

CHILDREN—1 to 2 mg. per Kg. or 10 to 75 mg. daily

Pulvules: 25 mg.—Ages seven to twelve, 1 Pulvule one to three times daily
10 mg.—Ages three to six, 1 Pulvule one to three times daily
Ages seven to twelve, 1 or 2 Pulvules one to three times daily

Liquid: Ages three to six, 1 teaspoonful (5 cc.) one to three times daily
Ages seven to twelve, 1 to 2 teaspoonfuls (5 to 10 cc.) one to three times daily

Maintenance medication is necessary until it is evident that the depression cycle has run its spontaneous course. This assumption may be based upon the history of previous depressions, the removal of the precipitating factors in the environment, or a recognition that the patient is able to manage his affairs. It is advisable to continue maintenance therapy for several months after improvement.

How Supplied: Liquid Aventyl® HCl (nortriptyline hydrochloride, Lilly), 10 mg. (equivalent to base) per 5 cc., in pint bottles.

Pulvules Aventyl HCl, 10 and 25 mg. (equivalent to base), in bottles of 100 and 500. [08166BA]

Additional information available upon request.

Eli Lilly and Company
Indianapolis, Indiana 46206

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NOW IS THE TIME... TO GIVE HER TIME WITH OVULEN-21®

Each tablet contains ethynodiol diacetate 1 mg., mestranol 0.1 mg.

OVULEN-21®

Each tablet contains ethynodiol diacetate 1 mg., mestranol 0.1 mg.

GIVES HER TIME

Your prescription for Ovulen-21 gives the new mother time to meet her family's present needs...to plan for her family's future.

She can take Ovulen-21 confidently and comfortably month after month. Its dependability is enhanced by its simplicity of use. A woman needs little or no time to learn the simple Ovulen-21 regimen: three weeks on—one week off. And the automatic record-keeping of the petite, virtually "patient-proof" Ovulen-21 Compack® helps to maintain her schedule...helps put time on her side.

Immediately post partum is the time

It is the time when motivation is highest—when a new mother needs expert advice for the future, so she can space her children and limit her family.

It is also the most opportune time, since she is conveniently present in the hospital, for her to be given both instructions and a prescription.

Non-nursing mothers may begin Ovulen-21 immediately after delivery, on the day of departure from the hospital or at the first postpartum visit, as desired. It is recommended that nursing mothers begin Ovulen-21 four weeks after delivery.

A small fraction of the hormonal agents in oral contraceptive pills has been identified in the milk of mothers receiving these drugs. The long-range effect on the nursing infant cannot be determined at this time.

Actions—Ovulen acts to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Ovulen depresses the output of both the follicle-stimulating hormone (FSH) and the lutenizing hormone (LH)

Special note: Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen is indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism, and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis and pulmonary embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates in the United States found relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration, and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable. Retrospective studies in Great Britain have shown a statistically significant association between cerebral thrombosis and embolism and the use of oral contraceptives. This has not been confirmed in the United States.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions, medication should be withdrawn.

Since the safety of Ovulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen. Therefore, if such tests are abnormal in a patient taking Ovulen, it is recommended that they be repeated after the drug has been withdrawn for 2 months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Ovulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Ovulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Ovulen may mask the onset of the climacteric. The pathologist should be advised of Ovulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral contraceptives: hepatic function: Increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test and pregnanediol determination.

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Where "The Pill" Began

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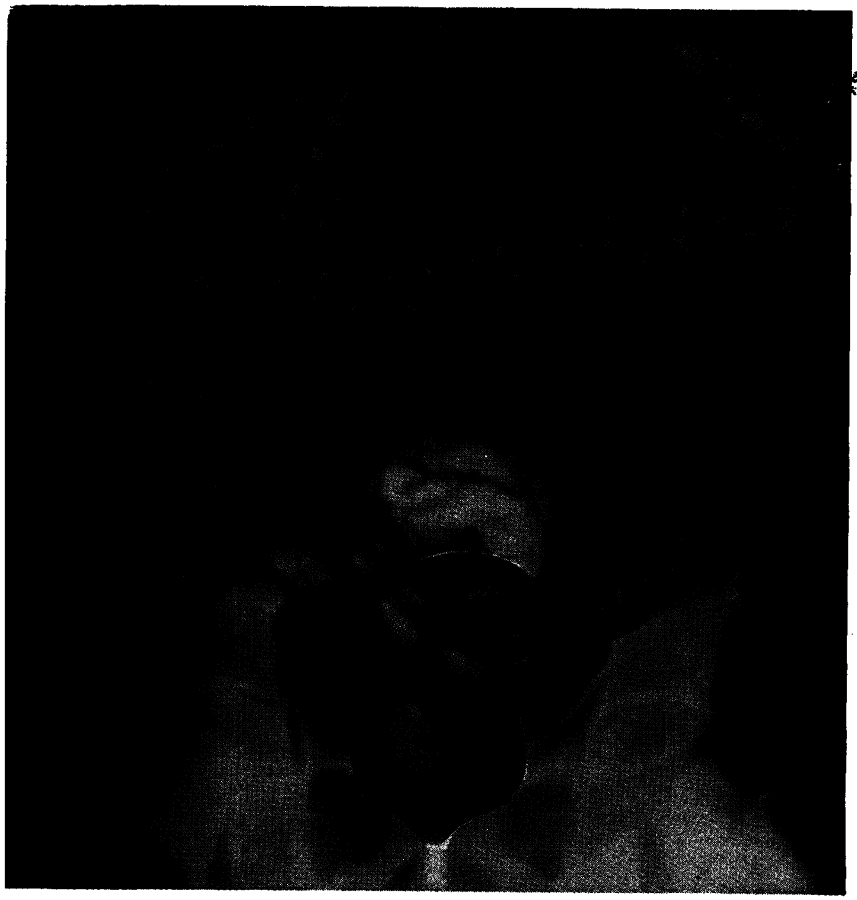

a clinical situation for Valium® (diazepam):

psychic tension... and irritable colon

Included in the therapeutic regimen, Valium (diazepam) relieves psychic tension and helps lessen G.I. complaints.

The pronounced calming action of Valium (diazepam) is generally evident within the first days of therapy... proper maintenance dosages seldom dull the senses or interfere with functioning... the *h.s.* dose, added to the t.i.d. schedule, helps relieve insomnia induced by psychic tension.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms have occurred following abrupt discontinuance. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Valium® (diazepam)
2-mg, 5-mg, 10-mg tablets

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